5-1887

The South Western Medical Gazette A Monthly Journal of Medicine and Surgery

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VOL. I. LOUISVILLE, KY., MAY, 1887. No. 5.

THE

South-Western

B W Dudley

E M Dowell

Medical Gazette,

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

EDITED BY

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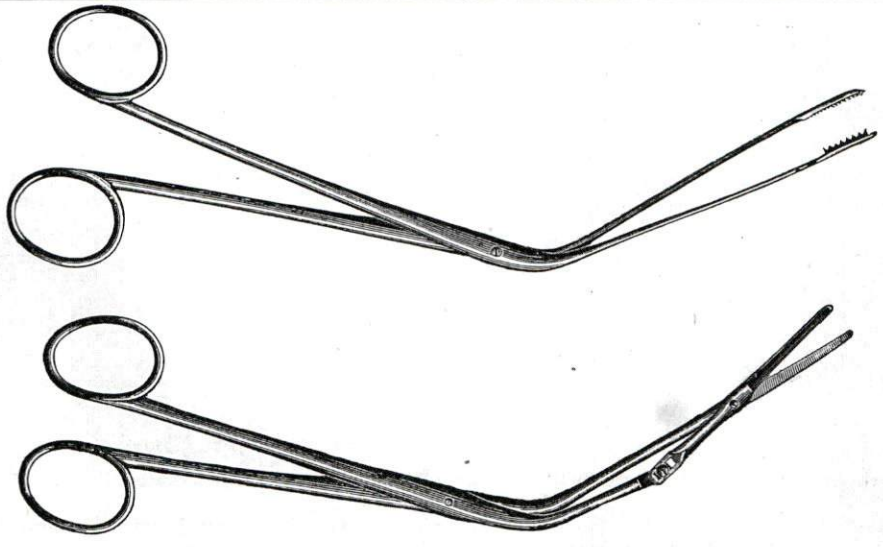

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Original Articles.

HYDROCYANATE OF IRON IN THE TREATMENT OF EPILEPSY AND NEURALGIAS.

BY G. W. BAYLOR, M.D.

Like many other preparations of the ferruginous type, hydrocyanate of iron appears capable to subserve quite a number of indications, though its predominant value is exhibited in the treatment of epilepsy. My attention was first called to this remedy in the treatment of epilepsy by Prof. D. S. McGugin, of the Iowa Medical College, in the supplement of the *Journal of Materia Medica*, in the year 1872, in which he speaks of it as the remedy *par excellence*, and cites a number of cases that were permanently cured by this drug alone. Having at that time under my care and treatment a young man aged eighteen years, who had been a sufferer from that terrible disease, "epilepsy," since early childhood, and which had resisted the action of all remedies then known to the medical profession, I determined upon a trial of the hydrocyanate of iron, as it was a case which seemed to demand such a combination or such a remedy—as his general system was in a bad condition, which is usually the case after a protracted course of treatment with the bromides.

I wrote to Messrs. Tilden & Co., New York, who kindly sent me a sample of the iron. I then put my patient upon the following:

℞ Iron hydrocyanate gr. lx
Pul. valerian gr. cxx

M.—Ft.—Pil. No. 120. S.—One pill three times daily after meals.

Each pill contains half a grain of iron and one grain of valerian. The dose was gradually and cautiously increased, so that at the end of three months my patient was taking eight grains of the drug daily. At the expiration of this time (three months from date of first treatment) I had the pleasure to see my patient greatly improved; his appetite and digestion, which had been bad, now good; general health improved; he was no longer irritable and gloomy, but was sprightly and hopeful, and looked forward with confidence to an ultimate and permanent cure. The paroxysms, which had been frequent and severe, had entirely ceased. Treatment continued. Patient died about six months afterward, or nine months from date of treatment, from an intercurrent disease. I believe if patient had lived or been put upon the hydrocyanate of iron treatment sooner, that a permanent cure would have been effected. There is one thing sure in this case, that it controlled the paroxysms better and more effectually than any remedy that had been administered before. It possesses this advantage over the bromides, that it not only controls the paroxysms better, but it does not impair the general health of patient like the latter. Since that time I have administered this remedy to some eight or ten cases with decided success—about half of this number being cured, others being old and chronic cases—were more or less benefited. Now I do not claim that hydrocyanate of iron is a specific for epilepsy, but I do claim, that, if judiciously administered and continued for a sufficient length of time, "say one year," that it will cure more cases than any remedy or remedies known to the medical profession. It

is an excellent remedy in the treatment of the various forms of neuralgias. It can be combined with sulph. of quinine, sulph. of morphia, or the extract of henbane, as each individual case may require. It exerts a powerful influence over the functions of the uterus, and when combined with the extract of belladonna I know of no remedy better to relieve congestive dysmenorrhœa or irritation of the ovaries when of a neuralgic character.

MILLTOWN, IND.

DEFECTIVE VISION—RETINOSCOPY.

BY WM. B. MEANY, M.D.

Some attention is being paid here by the government authorities regarding defects of vision among candidates for appointments in the army, naval, and engineering departments.

May I say few things are more remarkable than the imperfection of common knowledge about all matters which relate to the use and functions of the eyes. There is, probably, not one parent in a thousand who has the slightest idea of how large an object—say a capital letter—a child should be able to see clearly at a distance of a hundred feet. How many parents are there who could say whether any of their children had acuteness of vision or not, or whether they possessed natural color vision or not? The myopic and hypermetropic people have been created within historic times, and myopics and hypermetropics have increased enormously within the experience of many who are now living. A myopic or hypermetropic child rarely escapes punishment for errors which are the direct consequence of its defects. It would seem to be a first step in the direction of taking proper care of the eyes, that the people generally should know what these organs should be able to accomplish. Knowledge would all the better be more widely diffused if we look upon vision as a physical capability, just as well fitted to be recognized as any athletic performance. Acuteness of distant vision is the proper standard of the function. Would it not be well for us to lay down some standard for the guidance of parents by mentioning that capital letters of a black type, an inch and a half high, and with their limbs three-tenths of an inch in thickness, should be clearly legible at a distance of eighty feet. The child failing to discern legibly these letters at the already mentioned distance will show some serious defect in the eyes, and thus warning the parent of the necessity of at once consulting some oculist. The preservation of sight, and especially of distant vision, is as is well known of high importance; because defective sight not only presents a serious hindrance to the pursuit of many avocations, but frequently arrests the development of the intellectual faculties.

I will not tire your readers by reference to the many causes of defect of vision produced by badly lighted school-rooms, the improper placing of desks with reference to the windows, the inferior and small type in which school books are printed, for the reason that school boards or the educational departments appear to be unwilling to bestow sufficient thought upon the subject, no doubt thinking what they, as children, had to endure, is sufficiently adequate for the helpless ones who are now under their care.

Between what is called normal or natural vision, and defects which are absolutely and manifestly disqualifying, there are, almost as a matter of course, many intermediate degrees, depending upon the varieties of short sight and other malformations of the eye which meet us at every turn. These intermediate degrees have been stumbling blocks to numbers of young men, otherwise of promise, who have engaged in long continued study for a special object, and who then, at the last moment, have been rejected on account of some defect of vision which might as well have been discovered and recognized as a disqualification years before. In this connection it may be stated that it has been the practice of the authori-

ties with whom rested the acceptance or rejection of candidates to consider defects of sight, unless existing in extreme, as only relative disqualifications—that is to say—to treat them as counting for so much in a general physical examination. On this principle a given degree of defect of sight, which would have insured the rejection of an otherwise not well qualified candidate, has been allowed to pass in one who was satisfactory in all other physical requirements; and the evil of this plan has been that neither the candidate, nor his parents, nor his medical advisers, could do more than hazard a conjecture with regard to his ultimate chance of being accepted. Every ophthalmic surgeon in London, no doubt, has the constant experience of having boys brought to him with the inquiry, "Will my son be admitted to the army, or into the navy, or into the civil service?" and having to reply that there is no fixed standard by which the question can be determined. There are cases, it is said, where the military authorities, when asked to do so as a favor, have permitted a candidate to be physically examined before the proper time, and accepted or rejected as far as the claims of this examination were concerned; in the latter case the cost of special education and disappointment to the candidate being spared, or expended in some different or more useful manner. Moreover, a candidate for the army who is actually rejected on account of defective eyesight is still allowed, if he should so please, to undergo the literary examination, and then, if he should succeed, to appeal to superior authorities against first rejection. We are aware of instances where medical schools graduate students whose defects of vision are such as to disqualify them from engaging in the practice of medicine—their defects of vision receiving no attention even in schools where ophthalmology is taught—the professor of ophthalmology certifying to their fit qualifications to practice medicine by signing their diploma.

Instances of this sort are too numerous to be the exception where students returning to their homes away from the services of the oculist only to learn of their deficiencies in this respect. No doubt this double neglect of the teacher of ophthalmology as well as the student is sometimes the cause of the wrong medicine—perhaps a poisonous dose being taken from the "saddle-bags" and administered to the patient. How can a syphilitic ulcer be distinguished from a non-specific one, or the symptoms in the various exanthems be distinguished, or vessels avoided when the knife is required, if the physician is suffering from defective vision? Who then is to blame in this matter? Can we lay all blame to the student alone?

We are pleased to place on record that through the efforts of Sir Joseph Fayrer, the India office, under his advice, has seen the necessity of doing away with the complications to which we have referred, and has issued a definite code of rules regarding the defects of vision which disqualify candidates for the various departments of the India service. These rules were drawn up by Sir Joseph Fayrer, with a recognition of the assistance which he received from Surgeon H. Cayley and from Messrs. MacNamara and Jno. Couper, and they appear to hold a fair balance between the requirements of the public service and the weakness of those who desire to enter it. They recognize, in the first place, that the requirements in question are different in various departments; and that while, for example, a pilot must have as absolutely perfect vision and accommodation as is possible, a man may be an excellent officer, notwithstanding that his eyes requires the assistance of glasses. An officer seeing better with glasses than without them, it is an advantage to the service and to himself that he should use them; and they allege, with a certain grim humor, that the efficiency of the German army has not been diminished, although both officers and men are permitted to wear glasses. They have, however,

with due consideration of possible loss or breakage, fixed the standard of acuteness of vision for all departments for which men are likely to be engaged in active outdoor occupations, at such a point that the candidate should be able to see to ride across the country, to play cricket, and to read and write without glasses, although he might see much better with them. They also express the opinion that candidates for military service might be accepted who were dependent upon glasses for good vision, but point out that this principle can not be adopted unless officers who have errors of refraction are enjoined to wear glasses when on duty. It is worth while to mention that the fear commonly entertained lest glasses may be sources of danger during pursuit of active occupations was completely negatived by the experience of the German army in France. According to the surgical report of the war the number of wounded whose wounds were complicated in any way by the presence of spectacles was almost infinitesimally small when compared with the total. The principle on which the testing of vision is conducted is that objects of a given size, such as letters or dots, should be clearly distinguishable at a given distance. The size is expressed by a number which represents the number of feet or of meters at which the object, as a whole, is seen under a visual angle of five minutes, or its parts or line under a visual angle of one minute; and at this distance it ought to be recognizable. Assuming the description number of certain letters to be twenty, on a meter scale, so that they ought to be read, in a good light, at twenty meters distance, the vision of the candidate will be expressed by the fraction formed by dividing his seeing distance from the type by the number which indicates; so that the person who reads No. 20 at twenty meters has vision equal to twenty-twentieths, or equal to one. The person who can not read No. 20 until he comes within ten meters of it, has vision equal to ten-twentieths, or one one-half; and the person who can not read No. 20 until he comes within five feet of it, has vision equal to five-twentieths, or one-fourth. When defect of vision is occasioned by disease, actual or past, it is only to a limited extent remediable by glasses; but in the great majority of instances it is due to the faulty shape of the eyeball, in the direction either of so-called short-sight or that of far sight. These conditions are capable of being corrected by glasses; and, in a general way, the greater the defect of vision the more powerful will be the glass required to correct it. The rule laid down by the India office limits the power of glass which may be used, so as to exclude cases of extreme defects; and provides, for most departments of the service, that the candidate, when furnished with glasses not exceeding the specified degree, shall possess vision equal to one, with one eye, and equal to two-thirds with the other. This is perfectly simple and intelligible, and will enable any medical man who possesses a case of testing lens and the necssary types to determine at once all but doubtful cases, which may be near the margin one way or the other, and may require special skill or special methods of investigation. It is made essential that the eyes which have the required acuteness of vision when corrected, shall be free from progressive forms of disease, which are not uncommon in the short-sighted, and which tend towards an increase of the affection. The India office, by the promulgation of these rules, has taken a step which will be highly advantageous to all who are interested in the future members of the rising generation; and it is to be hoped that the United States authorities may see their way to follow so excellent an example. In the navy, however, it may be presumed that good vision would be insisted upon, inasmuch as the glasses become not only useless, but positively detrimental, as soon as their surfaces are dimmed by the ocean spray. It may be useful to mention that sensations of vision require a definite time of exposure of the retina, which time Mr. Cattell, of the University of Leipsic, finds

to be considerably dependent on the nature of the object and the intensity of the light. It varies with several colors. Orange gives the quickest impression on the eye, and yellow closely follows it; then comes blue, red, and green; white, the retina, is least sensitive to violet light-time, which is from two to three times as long as for orange. By lamplight the eye works more slowly than by daylight, and the order of perceiving colors is changed to orange, red, yellow, violet, and blue.

In concluding this already too lengthy article, I beg respectfully to call the attention of the medical profession to what is now known among oculists as the "Method of Retinoscopy;" a method of determining the refraction of the eye, and of correcting any error that may exist, by means of ordinary trial glasses without help from the patient—a matter of no small importance in children and persons of weak intellect. Retinoscopy is carried out by means of a concave opthalmoscopic mirror alone. The method of employing retinoscopy is so simple that a few practical trials will suffice to make it understood by the general practitioner so as to enable him to discover errors of refraction, and thus advise his patients intelligently to seek the aid of an ophthalmic practitioner, or if he sees fit, to treat the patient and correct any visual defects existing. The patient, to be examined, should be seated in a dark room, with a lamp placed over his head so far back that it throws no direct rays upon his face, and consequently requires no moving during the examination. Then the observer—having previously corrected any ametropia that may exist in his own eye—takes a position about 120 cm. in front of the patient, and directing him to look at the perforation in the mirror, which should be a concave one and 22 cm. focus, the physician will be enabled to reflect the light along the visual axis. Thus we obtain the ordinary red fundus reflex. If we now rotate the mirror slightly from side to side on its vertical axis, we see a shadow come out from behind the pupil, moving horizontally across the illuminated part. The edge of this shadow may be linear or somewhat crescentic. Its directions may vary, being either vertical or it may be oblique, if astigmatism exists. The shadow moves either in the same or the opposite direction to the mirror, so that when the latter is tilted to the right the shadow may come from the left, or *vice versa*.

On the behavior of these shadows the method of retinoscopy depends.

If the shadow be vertical and moves with the mirror, the case is one of myopia; but if it moves against or in the opposite direction to the mirror, it is either one of hypermetropia, emmetropia, or low myopia.

In the case of the eye, the greater the ametropia the larger is the circle of diffusion, and the weaker the illumination, so that the image we see is less bright and its edge less distinct.

On looking through the perforation of the mirror we get the ordinary fundus reflex; bright, if the patient be emmetropic, less so the greater the ametropia. We now rotate the mirror on its vertical axis to the right. If a vertical shadow comes across the pupil from the patient's right, *i. e.*, in the same direction as the movement of the mirror, or if the shadow move in the same direction as the circle of light on the patient's face, the case is one of myopia. Should the shadow be well defined and move in the opposite direction to the above, it can safely be assumed to be a case of hypermetropia. Each eye must of course be tried separately.

LONDON, ENGLAND.

THE Governor of Missouri has signed the bill, passed at the last session of the legislature, providing for the distribution of the unclaimed bodies of paupers among the Medical Colleges of the State for dissection.

DR. GRAWITZ, assistant to Prof. Virchow, states that *trichina spiralis* have been found in as many as one-third of the cases of so-called muscular rheumatism, which have been examined post-mortem.

Correspondence.

LETTER FROM NEW YORK.

Messrs. Editors: The physician who visits this metropolis earnestly desiring to study the methods and practice of the leaders of professional opinion suffers with an embarrassment of riches. I find easy access to every hospital and clinic on presenting my card, and the field is so rich and extensive that the question is not "what can I do to-day?" but rather how to make a selection from the various clinics. During the three weeks I have been here, devoting myself wholly to gynecology and general surgery, I have seen, with a few exceptions, all the leading men engaged in hospital practice, and have been occupied every day in observing and noting methods and results. I trust a recital of some of my observations may interest you.

I have seen much of Dr. T. Addis Emmet's work. I first saw him in his most brilliant field, that of plastic operations. Sitting at his elbow I saw him operate in a case furnishing a perfect illustration of his teachings regarding laceration of the perinæum. The cutaneous surface of the perinæum was perfect, indeed it was intact up to the fourchette. On separating the labia, a rectocele presented, with deep diverging sulci running up each side. Cicatricial lines and separation of fascia and muscles, without resistance, are perceptible to the touch when the finger is exploring the parts. The patient was anesthetized with ether and put in the lithotomy position. One tenaculum was hooked into the crest of the rectocele and drawn upward by an assistant; another tenaculum was hooked into the fourchette, and one upon each side into the labia at the caruncle. Traction upon these tenacula in diverging directions will form three triangles with a common apex at the crest of the rectocele. After denuding these surfaces and bringing the tenacula together, the perinæum will be drawn upward toward the arch of the pubes, the tissues at the outlet will be rolled in, restoring the natural size of the vaginal outlet and the vaginal canal will be reduced in size. The denudation is done altogether with scissors, and the operation consists of two similar parts, one for each side. Dr. Emmet called my attention particularly to the manner of passing the sutures, which is the most essential part of the operation. They are of silver wire, and are passed from the apex of each sulcus toward the operator, from within outward, as it were. The needle is passed to the bottom and median line of the sulcus, emerges at that point, is reintroduced in the same spot and carried away from the operator, emerging just beyond the freshened edge of the rectocele, immediately opposite the point of introduction on the other side of the sulcus. The other sulcus (on opposite side of rectocele) is sutured the same way. In this way the suture takes a V-shaped course, and the lower segment of tissue is folded in and tucked upward. The number of sutures required for this part of the operation is four or six. After this set of sutures is drawn into place, there remains a small triangular space of freshened surface in front of the rectocele. This is closed by the crown stitch, introduced through the labial tissue at the lower caruncle (where one tenaculum was placed), across and through the crest of the rectocele, through the opposite labia and out at the caruncle of that side. One or two superficial sutures complete the closure of this anterior triangular space. The first set of sutures are now twisted and turned into the deep vagina and the ends snipped off; the lower set, including the crown stitch, are twisted and shotted and protrude externally. When all is completed the result of the operation can be appreciated. Then one first realizes that the field of operation is within the vagina, and that it deals with the tissues which have been injured. The parts are restored to their normal relations. I have now seen Dr. Emmet do this operation several times, and when one sees what it accomplishes one is not disposed to return to the old method

of plunging a huge perineal needle through gluteal muscles, fascia, blood vessels, and nerves with the result of forming a thick dam at the ostium vaginæ. The needle used by Emmet in this operation is round, slightly curved at the point, and from three-fourths to one inch in length. He carries it through the tissues with a strong needle-holder, and prefers it to be armed with a silk loop into which the wire sutures are looped. Scissors are used by Emmet in plastic work, and he handles them with great celerity. The bleeding is much less than when the knife is used for the same purpose. The after treatment is very simple. The urine is passed every four or six hours; the bowels are kept soluble, and as a rule the patient does not require opium. The knees are not bound together, and the patient is allowed to shift her position in bed. The sutures are removed on the eighth day.

Dr. Emmet holds very decided views as to the relations and functions of the perinæum. He says it is absurd to regard the perinæum as the support of the uterus. The latter organ, he says, is a movable organ, and is maintained in its position just as the heart and lungs are suspended in the chest. The perinæum, he says, supports the rectum more than anything else. Commenting upon injuries to adjacent organs in parturition, he lays down the rule that whenever the head has engaged the perinæum and ceases to recede after every pain, the forceps should be applied and the child delivered. The so-called support of perinæum, as usually done, he pronounces "the devil's own work." He regards retraction of the perinæum by one or two fingers in the rectum as the only correct and efficient method of protection to the perinæum in labor. In addition to his own operation for laceration and ectropium of the cervix, I saw Dr. Emmet do an ovariotomy of exceptional difficulty. After cleansing the peritoneal cavity, he sutured the divided peritonæum with cat-gut first, and then sutured the remaining layers of the divided parietes with silv r wire. He is pains-taking in his details and observes all the precautions of the antiseptic system. One can not but note his dexterity in the manipulation of silver wire. He often twists it with his fingers, turns it with one stroke of the tenaculum, and rapidly snugs it away in its proper nidus. In his study he laid before me the original tables of cases which you see in his work on gynecology. The amount of patient clinical research represented by these tabulated cases is immense. Emmet is a very plain-spoken and straight-forward man. He is an earnest seeker after truth, and a sagacious clinical investigator. He is one of that class of medical authors, who, after long and extensive clinical research, writes a book, instead of preparing a digest of accumulated literature. Emmet has almost wholly abandoned intrauterine medication, and seldom uses pessaries. The prolonged hot vaginal douche, the glycerine tampon, and local application of iodine are important features of treatment in his practice.

Dr. Charles Carroll Lee is one of the surgeons at the Woman's Hospital. He is a man of fine presence, splendid voice, and engaging manners. I have watched him work with great interest. He is one of those surgeons who seem to be transformed upon taking the scalpel in hand. Always courteous, he is changed from the unassuming gentleman to the aggressive and self-reliant operator. The first operation I saw him do was an Alexander. The patient had a lacerated perinæum and the uterus came down outside the labia. The perinæum was first restored, and during the same etherization Alexander's operation was performed. With one bold stroke of the knife he cut down on each side through the muscular layer covering the inguinal ring, and quickly isolated the round ligaments. After making traction upon them and drawing them forward, the ligaments were shortened by stitching them with cat-gut to the periosteum of the pubic spine on each side. The wounds were closed with cat-gut sutures after placing a rubber drainage tube and

dressed antiseptically. I saw this patient a week afterward, and the operation wounds were healing, although defective drainage had necessitated an early removal of the dressings. The perinæum had united. Lee did not speak of this operation with marked enthusiasm, especially as to efficiency and permanency of results. I understood him to say that he had done the operation three or four times with results rather encouraging than otherwise. For my own part I do not believe this procedure can be relied upon for effective and permanent results While the same forces continue to act, the ligaments will continue to yield. I also saw Dr. Lee do a laparotomy and remove the uterine appendages. The case was one of cystic and adherent ovary on one side with chronic double salpyngitis. The patient was thirty years old; had consulted Dr. Robert F. Weir for pain in coccyx. No disease being found there she was referred by Dr. Weir to Dr. Lee. The abdomen was opened by a two inch incision, the ovaries were released from adhesions, drawn up into the incisions, a silk ligature thrown around the broad ligament near the uterus, and ovaries and tubes removed. A small, almost sessile fibroid of uterus at first deceived the touch and was mistaken for the ovary. It was not removed. Being supplied with muscular fibres it would retract and the stump would almost surely bleed. Moreover, the removal of the appendages and consequent results will arrest the growth of the fibroid. After sponging out Douglas' cul-de-sac the incised peritonæum was first stitched together with cat-gut and the remaining layers of the abdominal wall united with silk sutures passed through their entire thickness. The surface of the coapted wound was dusted with iodoform, and iodoform gauze, adhesive strips, cotton pad and bandage formed the dressing. All instruments used in every operation in this hospital are immersed in antiseptic solution and antiseptic precautions scrupulously observed. Ether is invariably administered by means of Clover's apparatus.

Another operation I saw at the Woman's Hospital last week deserves mention. It was a new method of operating for complete laceration of the perinæum, involving the sphincter ani, and the operator was Dr. P. F. Chambers. I have just noted a description of the operation in the last issue of the SOUTH-WESTERN MEDICAL GAZETTE (page 118), but like Emmet's perineal operation, it must be seen to be fully understood. The rectal tear and lacerated sphincter are first united with silkworm-gut sutures, which are tied from the rectal surface, then the perineal laceration is repaired as usual. The silk-worm-gut sutures are left to care for themselves, and they usually disappear in two or three weeks. If the gut sutures disturb the patient they can be removed at any time. In adjusting the silver wire sutures in this operation "Aveling's wire coil" was used. This consists of a coil of silver wire made by wrapping the wire several turns around a needle or other staff so as to form a close coil about half an inch long. This coil is slipped down on the adjusted silver wire suture and secured by a compressed shot. When the suture is removed the shot is snipped off, the coil slipped off, and the suture has ends as long as the coil was, and can be easily removed. When the ends of the suture are twisted down and cut close they become imbedded in the tissues, and we all know how difficult it is to remove them after swelling has taken place. Aveling's wire coil avoids this difficulty. Dr. Chambers is a young man, fresh from his service as *interne* in the Woman's Hospital, and is Dr. Gaillard Thomas' assistant in the management of his private hospital.

Dr. W. Gill Wylie, of the Polyclinic, is doing a great deal of abdominal surgery, and he is doing it well. I first saw him operate at St. Elizabeth Hospital. The case was one of chronic salpyngitis and adherent ovary. The finger swept over the vaginal vault could detect the soft, enlarged tubes and attached ovary, and the extent of the mass could be outlined by bimanual palpa-

tion. The incision was about two and a half inches; two fingers introduced, extricated ovaries and tubes from their adhesions and brought them up into the incision. The tube of left side was filled with pus; after tying close to the uterus and removing ovary and tube the stump was touched with pure carbolic acid. The adhesions were firm and extensive, and separation caused considerable hæmorrhage. The tube of right side being in chronic inflammation the entire appendage was removed. Strong silk for ligatures. Peritonæum was sponged. No irrigation. Small, long, glass drainage tube was put in and wound closed with silk sutures. Iodoform, antiseptic cotton, adhesive strips, and broad flannel bandage composed the dressing. Two days afterward I saw Wylie operate in a similar case in the Marquart in the yard of Bellevue Hospital. Like the preceding, the patient was a young woman. The left ovary was found cystic, the cyst being filled with a recent blood-clot. Ovary and tube were removed. The ovary and tube of right side, on examination, were found to be healthy, and were dropped back into the pelvis. The cyst broke while being removed. The peritoneal cavity was sponged and the abdomen closed. No drainage in this case. Dressing the same as in previous case.

Wylie is a Southern man, a Georgian, I think. He was formerly J. Marion Sims' assistant. He is a young man yet—I would say about forty-two. He has thin iron-gray hair, and wears only a moustache. He has a rosy, strong and pleasant face, a compact, erect figure, and a genial, pleasant manner. He dresses neatly and plainly, and is altogether unaffected. He is a man of firm convictions, and is self-reliant at all times. His work in abdominal surgery is immense, and judging from what I see here, he is doing more abdominal surgery than any other surgeon in New York. He gave me this morning a reprint of his paper published last month in the *Medical Record*, in which he reports one hundred and twenty-five laparotomies. All this work has been done since 1882, and about one-half was done in Bellevue Hospital. Of the one hundred and twenty-five cases twelve have died; but three of these were supra-pubic hysterectomies, one a case of suppurative peritonitis; excluding these would give a mortality of about seven (7) per cent.

Having heard much of his work and knowing his excellent results, I was a little disappointed in his details. For example, in the first laparotomy I saw him do, he complained a great deal of the anesthetic, and the imperfect anesthesia di l delay and annoy him; but I do not think the anesthetic was well administered. Just before begining the operation he called on one of the physicians from the Polyclinic to give the ether; and he was so desirous of seeing the steps of the operation that he did not look closely to keeping up the anesthesia. The case was one in which he resorted to drainage, after severing adhesions and removing a pus tube; but he did not wash out the peritoneal cavity. In another case of cystic ovary at Bellevue, the sponges used were dead (without elasticity) and old; and he complained much of their worthlessness. The cyst was broken in process of removal, yet, after sponging with imperfect sponges, no drainage, and without irrigation, the wound was closed. The patient made a good recovery, and one may say these are only details, yet it is just such details that are of great moment in abdominal surgery. It occurred to me that his antiseptic precautions enabled him to have a greater latitude in the toilette of the peritonæum than operators, who, following Mr. Tait, rely solely upon cleanliness. Wylie is careful to use a bichloride solution for his hands throughout the operation, and a carbolic solution for instruments, ligatures, sponges, etc. He told me that in his last thirty-two laparotomies he has not had a death.

Wylie is a man of strong individuality, and applies in his practice certain views of uterine pathology and therapeutics not generally accepted. He gives endometritis a

prominent place in his pathology. Chronic endometritis he regards a formidable disease, frequently the precursor and cause of salpyngitis. In treating this condition he uses the dilator, washes out the cavity of the uterus and applies to the cervix a cotton tampon saturated with boro-glyceride and alum. He uses this tampon in peri-uterine inflammation also, and estimates it very highly as an agent of depletion. Here is the formula for the solution :

℞ Acid. carbolic. ʒss
Boro-glyceride ℥ij
Alumenis pulv. ʒiv
Glycerniæ q. s., add Oj
M.

Boro-glyceride is a saturated solution of boracic acid in glycerine. He does not use hot water and rest in these conditions, believing that treatment efficient only in salpyngitis and ovaritis. He dilates the cervical canal in almost all cases of severe dysmenorrhea, and declares that the circulation through the uterus is so provided for that flexion and version can not materially obstruct it. Obstinate constipation, he believes, does more to obstruct the circulation than displacement. It follows, of course, that pessaries are not highly esteemed as curative agents. Dilatation of the cervix with his steel dilator, double-bladed, until the index finger can readily pass to the first joint he regards the most effective treatment for the vomiting of pregnancy. He uses the sound in diagnosis, and frequently resorts to the curette, using the sharp instrument of Marion Sims. His clinical talks are replete with allusions to the work and teachings of J. Marion Sims, whose memory he holds in affectionate veneration.

I spent the whole of last Monday afternoon at Bellevue Hospital with Dr. Lewis A. Stimson. His first operation was for a large neuroma which appeared in the stump a year after amputation of the foot. In addition to excising the tumor he dissected up the nerve through the entire extent of cicatrical tissue and removed it. Everything antiseptic, and the work neatly done. I then accompanied him to his wards and saw him operate in a case of exceptional interest. The patient, a woman, aged fifty years, was admitted to the hospital some days before with strangulated femoral hernia of the right side. Operation under strict antiseptic precautions; gut returned; wound healed, and everything portended quick recovery. Forty-eight hours previous to the time I saw her, the temperature ran up to 102, pulse 120, swelling and tenderness of abdomen. When I saw her the pulse was 140, small and wiry, with high temperature and extending peritonitis. The symptoms were thus interpreted by Dr. Stimson; the gut was so impaired by strangulation that ulceration and sloughing had taken place after its return to abdomen, and fecal extravasation and peritonitis followed. Ether was administered; short incision in median line of abdomen; finger introduced and gut explored at site of hernia. Intestines were matted by plastic exudation. Another incision was made just above, and parallel with Poupart's ligament. The intestine was drawn out, and two openings found in the gut from which fluid feces were exuding. The exhausted condition of patient forbade excision of the diseased section of intestine at once, and a ligature was passed through it in order to secure its retention outside. The abdominal cavity was thoroughly irrigated with water at temperature of 107° F. (indicated by thermometer) bringing away fecal matter. A rubber drainage tube was introduced into the inguinal wound, and the central incision closed. Brandy was freely administered hypodermically and the patient put to bed. If this woman had been young, robust, and well nourished, I believe she would have recovered. Of course the question of resection of intestine was left for after determination.

During this operation I stood at the table alongside my friend, Dr. Robert T. Morris, of New York, who, while house-surgeon at Bellevue in 1883, did so much to popularize the antiseptic system in all its details in that

hospital, and whose valuable little work entitled "How we Treat Wounds To-day," should be read by every practitioner. I could but note the satisfaction playing across his strong, intellectual face as he saw the punctilious observance of Listerian details by the operator, assistants, and nurses. And this brings me to say a few words about "the new surgery." Within a few years the practice of surgery has undergone a great change; indeed, it has almost been revolutionized. The profuse suppuration of the old days, with the "laudable pus" so gladly welcomed, is superseded by primary union. Erysipelas, pyæmia, and septicemia no more close the wards and prevent operative interference. The fear of opening the joints belongs to the past. Within the month I have seen the knee-joint opened, washed out, and the broken patella wired, with prompt union and restored function. Complicated compound fractures are dressed and left untouched for a month, with the result of good union. The peritoneal cavity is opened as a diagnostic measure, large tumors dissected out, and segments of the intestine excised. Operations not before attempted are now aggressively and confidently executed, and that, too, in the atmosphere of large general hospitals. Notwithstanding this, there are members of the profession who declare that they do not believe in "the bug theory," and inveigh against what they are pleased to call "the tyranny of the germs." But that does not explain the great improvement in wound treatment and its splendid results. Neither does "the gospel of cleanliness" detract in any degree from the value of the antiseptic method, but is only the substitution of one essential part for the entire system. The principles of the antiseptic system are absolutely essential in obtaining these results, though the manner of their application in respect to details may vary with the fancy of various operators. The introduction of the antiseptic system into surgical, gynæcological, and obstetrical practice marks the greatest advance in medicine of the century—excepting, of course, anesthesia. The system attains an exalted degree of cleanliness, a degree which can only be certainly and uniformly attained by the painstaking application of antiseptic methods. To be equipped for antiseptic work and familiar with antiseptic methods is the plain duty of every practitioner who does surgical practice.

There are other matters fresh in mind of which I would like to write, but this communication has already attained unexpected length. I would, if space permitted, write you of the splendid surgical work of the Sayres, of Wyeth, and Bull, and Weir and Gerster. I may do so at another time. I visit Sayre's office almost every day. He has not been well during the greater part of the winter, but the soft spring air is rapidly restoring his wonted vigor. He has greatly improved his methods of treating lateral curvature, and has a system of gymnastics for developing each particular one of those seven layers of dorsal muscles that is as wonderful in execution as it is effective in restoration. No one can describe it; it must be seen to be appreciated. He is admirably supported in his work by his two talented and charming sons. Sayre is a great and original surgeon. He is full of ingenuity and strong common sense. And then he has a great, generous, kind heart, that is a fit companion to his big brain. In his office I see patients from every part of the continent. This morning Silver City, New Mexico; Boston; Milwaukee; and Richmond, Va., were represented at the same time.

Dr. E. R. Palmer, of Louisville, returned home two weeks ago after spending almost a month here. He devoted his time especially to genito-urinary surgery and skin diseases. I believe he can attend more clinics at widely separated hospitals in one day than any man I ever met. He was cordially received by the profession here, and his superior professional attainments and fine social qualities won many additions to his already large circle of friends.

I, too, shall be off for home in a few days,

having about completed the purposes of my visit. My first engagement for to-morrow is to see an ovariatomy by Dr. T. Gaillard Thomas. He has been confined to his room for several days with a severe cold, and I have not yet seen him work.

L. S. McMURTRY.

HOTEL BARTHOLDI, NEW YORK, April 16, 1887.

Translations.

BY CARL WEIDNER, M.D.

CHARCOT'S SENSATIONAL EXPERIMENTS WITH HYPNOTISM.—Charcot, in presence of a delegation from the Societe de Medicine Legale, proves, by clinical experiments at the Salpetriere Hospital, that any subject at all under the influence of hypnotism may be induced to *make or sign a will.* There were present Rabinski, Brouardel, Mottet, Horteloup, and a large number of other French savants. The result of the experiments opens up an entirely new field of medical jurisprudence.—*The World's Medical Review, April*, 1887.

TREATMENT OF DYSENTERY.—In a correspondence from Bombay, Dr. C. MacDowall, physician in the British army of East India, speaks with great enthusiasm of the treatment of dysentery by *Ipecacuanha.* Like other friends of this treatment, such as Docker, Ewart, Cunningham, Malun, etc., he says that it is *almost a specific*, renders the *disease easy to cure*, and *prevents the complication* most feared, *i e.*, hepatic suppuration. But he emphasizes, particularly, "that the remedy be given early in the disease, at the proper time and in the proper manner." The principles of the treatment are:

1. To give a *large dose* of ipecac, *at least* thirty grains, for an adult.

2. To *prepare* the stomach to accept and retain such a large dose by about twenty drops of laudanum *an hour before* giving the ipecac; also the application of a sinapism over the stomach; and to administer the ipecac in the form of large *pills*, not in solution. It must also be given at *night*, at the time of going to sleep, *never in the morning*, and *not during the day*, and *no liquid* is to be taken after the dose has been given.

Sometimes the patient vomits a little mucus toward the morning hours, but the greater portion of the remedy has by that time been absorbed. This treatment must be renewed every night, and usually the improvement is marked by the third morning, or sooner; blood, mucus, pain, all three having disappeared. A disease which formerly made us despair now has lost its terror to us.

The opium may be substituted by a hypodermic injection of morphia. Bismuth subnitrat. may be given during the day. Small doses of ipecac are more than useless; they have been tried in India for over two centuries without lessening the mortality in dysentery. Since more than twenty years the above has been adopted as almost the only treatment in British India and has given the best results.—*Progres Medical, March* 26, 1887.

ARTIFICIAL VAGINA.—A case of complete absence of vagina, with periodical pains, was another interesting subject brought before the Societe de Chirurgie, March 23, 1887, by Polaillon.

A young girl, when fifteen years old, suffered vivid pains in the abdomen at variable intervals, but these came pretty regularly every month toward her eighteenth year; but then she had never menstruated. Polaillon, examining her at that time, found an absence of any vulvar opening, the latter being closed by a resistent plane. On the other hand, hypogastric palpation revealed a hard tumor in the belly; by rectal touch he distinguished a sort of neck at the lower part of the tumor. By vesico-rectal examination, a sound in the bladder and the finger in the rectum, the doctor found that only a thin layer of tissue existed between the bladder and the rectum, that there existed no vaginal canal whatever, and that he could not detect anything of the superior

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cul-de-sac of the vagina (the latter is ordinarily found in such cases) which serves to receive the menstrual blood. The pains during the periods when menstruation ought to have occurred were so intolerable that the essayist decided to create an artificial vagina to relieve the suffering, and at the same time to evacuate the blood contained in the distended uterus; but the mobility of the uterus and the thinness of the intervesico-rectal tissues induced him to do the operation at two different times.

He made first a way to the uterus by a transverse incision and by separation of the vesical and rectal walls by means of the finger and the spatula. By the sound in the bladder and the finger in the rectum, he was thus enabled to dig a long vaginal tunnel. He stopped when he thought he was in the neighborhood of the uterus; the newly formed vagina was washed out with carbolated water and tamponed with iodoform-gauze, in order to keep it open. After a few days he found that the canal had narrowed a little and that its walls had become thicker and quite solid. It was then resolved to finish the operation by opening the uterus; but before reaching this organ he had to dig still through three centimeters of intervesico-rectal tissue. Reaching finally the uterus, he found it without any orifice. He incised it with an ordinary scarifying knife and enlarged this incision with a lithotome, whose branches had been fixed at two centimeters. A quarter of a glassful of dark-brown liquid escaped at that moment from the opened uterus. Then thorough cleansing by corrosive sublimate injections, five rubber tubes tied together, and the cylinded formed by these tubes are placed into the vagina. Vaginal injections for two months. Cicatrization without any accidents. At present the uterus is about of normal size (M. Polaillon thinks it is double); there are no pains, but the menses have not yet appeared. Coitus is possible.

M. Lefort insists on the *complete* absence of the vagina; usually there is, in such cases, a small free space at the vaginal contact with the cervix uteri.

M. Polaillon affirms that there was not a trace of mucous membrane upon the cervix, and adds that the separation of the vesical and the rectal walls was done with comparative facility; a fact which M. Lefort also had noted in an analogous operation.—*Progres Medical, March* 26, 1887.

Removal of the Uterus by Ligation after Inversion.—Lefort reports a case of removal of the uterus by ligation after inversion, and insists upon the benignity of the operation. The patient, a woman thirty-five years, had given birth to a child in February, 1886, after an irregular labor, which necessitated the use of the forceps. The delivery was slow, and after extraction of the placenta the attending physician detected that the uterus was inverted. Reduction was performed at once, but the inversion reproduced itself, reduction again and appearance of peritonitic symptoms; soon after inversion occurs again, and so thoroughly that after a few days the uterus rests wedged in the vagina; marked metrorrhagia. June the 10th, Lefort examines the patient, and states the existence in the vagina of a rounded, polypoid tumor, surrounded above by a soft ring; abdominal palpation in addition to this shows absence of uterus in the normal position. June 18th, methodical attempts at reduction are made under chloroform without success. Successive attempts are made with the same ill success, the same negative result after the use of Gariel's pessary. Metrorrhagia continues abundant. On July the 18th, ablation of the inverted uterus by an elastic ligature being tied very tightly around the pedicle with facility, after bringing the uterus outside of the vagina. Pain for two hours afterwards. The uterus detaches itself after ten days; no bad accidents. Pain as well as hæmorrhage have ceased since the operation; no menstrual flow.

M. Lefort states that he was surprised at the diminution in size of the tumor after the

application of the elastic ligature cutting off the blood supply to the uterine tissue. M. Trelat also dwells on this latter fact from his own experience.—*Progres Medical, March* 26, 1887.

Liquid Vaseline.—Dujardin-Beaumetz, at a meeting of the Societe de Therapeutique, of January 26, 1887, recalls the difficulty experienced with the hypodermic injection of irritating substances, such as iodoform, iodol, etc. These difficulties, he says, do not exist any more to-day, thanks to the discovery by Meunier, of the liquid vaseline known by the name of oil of Babouck. This substance, inoffensive by itself, dissolves readily nearly all the antiseptics; even sulphide of carbon can be injected with it.

Meunier has lately made experiments with eucalyptol in the treatment of *phthisis*, using *twenty parts* of eucalyptol to *one hundred parts* of liquid vaseline.

Dujardin-Beaumetz has convinced himself that the remedy is absorbed. He has used iodoform and eucalyptol, both united and separate, but his trials also with other substances have not given him satisfactory results.

Duchenne says, the substance in question is not vaseline, but oil of vaseline. It does not require to be cleaned by means of sulphuric acid, for it becomes irritant. The workingmen who make it take it for bronchitis, using from ʒj to ʒiss in a day.—*Progres Medical, Feb.* 12, 1887.

Eucalyptol Injections in Phthisis.—At a meeting of the Academie de Medicine, of March 22, 1887, Ball gives his results of the new treatment of pulmonary phthisis with hypodermic injections of eucalyptol, first established by Roussel. Out of twenty-one patients submitted to that treatment, six have died, ten have improved and left the hospital, five are still under treatment. He thinks the remedy acts upon the septic matter of phthisis, lessens the sweats, the diarrhœa, the expectoration, and the fever. The solution used is 1 to 4. Dose, 15 to 20 minims.—*Progres Medical, March* 26, 1887.

Animal Grafting with the Skin of the Frog.—Dubousquet-Laborderie and Baratoux have made successful experiments with skin-grafting with frog's skin. The conditions necessary for success are summed up as follows:

1. A granulating wound.
2. Avoidance of bleeding (the coagulation of the blood preventing direct contact of the cells of the grafting material with those of the granulations).
3. Avoidance of suppuration, which acts like coagulation, and destroys and washes away the delicate pellicle of the frog.
4. Docility and immobility of the patient during the first three or four days, the physician attending to the first dressings himself, which must be antiseptic. — *Progres Medical, March* 26, 1887.

Treatment of Furuncle by Parendrymatous Injections of Carbolic Acid—Is recommended on the authority of Bidder, of Berlin. He makes injections of a two per cent. solution of carbolic acid into the parenchyma. For furuncles of small size he injects a few drops only, for those of medium size two separate injections of half a syringeful, for those of the size of the half of or the palm of the hand Bidder injects half to one syringeful in four different places. The operation is done but once. Excellent results follow. The punctures are a little painful, but soon anæsthesia follows; the general condition improves by the following day; the inflammatory infiltrations disappear rapidly; the largest furuncles get well in eight to ten days.

The advantages of this method are: *Prompt and sure* cure and *absence of thick cicatrices* which may follow incision; the latter point is especially important for cosmetic reasons. The great efficacy of the injections is explained, no doubt, by the fact

that they destroy the cocci, which are the cause of the development of the furuncle (staphylococcus pyogenes, aureus, albus), or at least modify their culture-soil and prevent their development.—*Progres Medical, Feb.* 12, 1887.

TUBERCULOSIS OF THE GENITO-URINARY ORGANS, *Autopsy.*—At the Societe Anatomique (*Progres Medical*, March 26, 1887), Boiffin presented specimens of tuberculosis of the genito-urinary organs, the case possessing a good deal of clinical interest. The man (the age is not given) began to manifest disease about eighteen months ago, complaining of pains in the lumbar region. Some time afterwards the urine became purulent and at times sanguinolent. The testicles were normal, but the prostate was enlarged and irregular, micturition becoming more and more frequent and painful. Prof. Verneuil performed perineal section, which gave great relief. The patient did not die until several months later on, having presented a curvature of the lumbar spine and a cold abscess descending to the upper part of the thigh—Pott's disease was diagnosticated at that time.

The autopsy showed no disease of the spinal colum as diagnosed, but an enormous cold abscess having destroyed the psoas muscle and dissected the crural nerve extended from the lumbar region to below Poupart's ligament; suppuration at the coxo femoral articulation. The starting point of this large collection of pus was found to be a very advanced tuberculosis of the right kidney, which latter had been reduced to an irregular distorted shell, enclosing large caverns. The bladder has thickened walls, and its mucous surface shows small tuberculous ulcerations. Dr. Gilbert remarked that the integrity of the other organs points to a probable infection by way of the genital passage.

THE legislature of Wisconsin has appropriated $15,000 for its State Board of Health for the ensuing two years.

HYGIENE OF DIARRHŒAS.

[Translated by W. M. Holloday, M. D.]

From an alimentary standpoint we should distinguish the abdominal fluxes determined by affections of the small intestine from those which result from affections of the large intestine. It is especially with the first that alimentary hygiene can give good results.

Let us first establish this fact, that in chronic diarrhœas the sole efficacious treatment is an appropriate alimentary regimen. This diet is based absolutely on the employment of the four following means: Milk, raw meat, peptones, and meat powders. Milk occupies here the first place, and it is by the milk diet rigorously followed that we come to the end of chronic diarrhœas, and I know of only one of them which is rebellious to this treatment, and to all others besides; it is tuberculous diarrhœa. I have said rigorously followed, for here the infractions of the exclusive milk diet perpetuate the diarrhœa instead of curing it.

The patient feeling a little better abandons the milk diet to take it up again as soon as the malady increases in intensity, the diarrhœa is perpetuated, and the patient ends by succumbing. So, then, diet of milk exclusively; then employ raw meat and meat powders. I prefer by far the second to the first, but it is necessary to go with extreme slowness and to proportion the doses of raw meat and meat powder to the state of the intestine. Bazile Feris preferred the peptones to the raw meat and to the meat powders, and he had his patients to take the peptones, together with the milk diet. I believe that you can also try these peptones; then augment the alimentation little by little, being guided by the digestibility of the food that you order. For the same reason that we ascribe to some foods the properties of laxatives, we attribute to other foods constipating properties. I will mention particularly the quince and the substances which contain tannin, as the artichoke. It has also been thought that the white of an egg might be utilized in this

trouble. All these means are absolutely secondary, and only play an unimportant role in the cure of diarrhœa.

For the diarrhœa of infancy, milk is still the great remedy, and moreover, the milk which is appropriate to the age of the infant, and every time you see the green diarrhœa produced in your little patients be assured that it results either from the action of cold or from infractions of the alimentary regimen. It is well understood that you can augment the constipating properties of milk by the addition of lime water, and it is one of the principal indications for this lime water. — *Dr. Dujardin-Beaumetz, in Bulletin de Therapeutique.*

TREATMENT OF MORPHIA MANIA.

[Translated by W. M. Holloday, M. D.]

M. Ball, in a paper read before the Academie de Medecine, thus sums up the treatment of morphia mania:

1st. Place the patieht in a private hospital, where the indispensable surveillance of a physician can be exercised every moment.

2d. Suppress more or less completely the use of morphia.

3d. Relieve the action of the heart by timely injections of spartine, to which morphia should be joined if the accidents become too menacing.—[*Gazette des Hospitaux.*

IODOL.

[Translated by W. M. Holloday, M. D.]

Desvasiers, in an article on "The Progress of Therapeutics," speaks of iodol in these terms: "Iodol is a powerful antiseptic; it is utilized in the dressing of extensive wounds, of tumors, fistulæ, ulcerative blepharitis, chronic conjunctivitis of the strumous, ulcerations of the uterine neck, of the nasal mucous membrane, soft chancre, where it is at least the equal of salicylic acid; in chancroidal adenitis and peri-adenitis; in sanious fetid wounds, etc. In a word, every time an antiseptic dressing is indicated, and then iodol replaces iodoform with advantage.

According to Mazzoni, it is an antiseptic superior to iodoform. It has no odor, and does not expose to toxic accidents. It acts, probably, by the iodine continually set free by the decomposition of the iodol. This antiseptic is applied, first, as a powder on wounds; second, in solution in sixteen parts alcohol and thirty-four parts glycerine, as in the case of cancer of the rectum, and of the uterus fistulous tracts, etc.; third, in the form of iodol gauze."—[*L'union Medicale des Canada.*

Practical Notes and Suggestions.

CEREBRAL PNEUMONIA IN INEBRIETY.

A large per cent. of all inebriates die from pneumonia. Cerebral symptoms and complications are common in these cases, and are described by the term cerebral pneumonia. The symptoms in such cases vary widely, depending on the causes, also brain susceptibility and exhaustion. The effect of high fever and increased heart action on degenerate brain and nerve centers in inebriates is manifest in symptoms that often mask the pneumonia, requiring a careful examination to determine meningeal inflammation or meningeal irritation or pneumonia.

Thus, in one case, an inebriate suffered from chill and pain of the lungs. The next day he was delirious, and died a few days later of supposed acute meningitis. The autopsy revealed the pneumonia. In another case, after a short period of exhaustion and dull pain, profound depression and melancholy came on. Except a rapid pulse and high temperature, no other symptom of note was present. He died a week after the attack, and the post mortem indicated pneumonia. In a third case, after a chill and fever of two days, the patient suddenly became delirious and remained so until death, within a week. Pneumonia was found, though unsuspected during his illness.

Magnus Huss long ago pointed out two varieties of pneumonia appearing in inebriates that are even now overlooked. The

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Often a chill is th
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slowly, but seldom
days. No complain
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first form appeared in those who used alcohol to great excess, and all the symptoms came on suddenly. Gastric derangements and a feeling of faintness, with enervation and loss of sleep, are the first symptoms. Often a chill is the first mark of any disturbance. From this point two different conditions may come on, one of great muscular and mental activity. The face will seem to swell and the eyes glisten and flash, the hands and arms tremble, and the patient talk incessantly, often stammering. Delusions that are first transient, then permanent, appear. Often this state closely resembles delirium tremens, only it quickly merges into extreme exhaustion and death. In some cases, the trembling delirium begins as soon as the chill subsides; in others it comes on slowly, but seldom lasts over three or four days. No complaint of pain is made, and no cough is apparent. The second condition of this disease will first appear in a sudden change of expression, sunken eyes, and great apathy of mind, high fever, rapid pulse, and a rapidly increasing exhaustion. Both body and mind seem struck with paralysis, and except a chill and hectic flush in the evening, no prominent symptoms are noticed.

In the second variety of cerebral pneumonia, an adynamic condition develops at once. Insomnia, or drowsiness, and mild delusions appear at first. Trembling of the hands and legs and stammering speech follow; then picking at imaginary objects, whispering to imaginary persons, and finally death. No chill or cough are noticed, only high temperature and pulse.

Another form has been described, in which delirium of anxiety to do something is the first symptom. The person will go to bed with exhaustion, and have this confused and changing delirium, which ends in death in a few days. He looks bad, will not eat, has high pulse and temperature, and rolls and tosses in bed. The delirium may concern his business or family interests, and may last for two or three days, during which he will walk about, then suddenly he will go to bed, and soon after die.

These are only general symptoms, which appear among those who are greatly enervated. Almost endless varieties of symptoms will appear in those who have had syphilis, head injuries from heat and traumatism, nerve and spinal injuries, and lesions of the heart, liver, and stomach.

One practical fact should never be forgotten. Whenever inebriates exhibit cerebral changes or great exhaustion, the lungs should always be examined. A rapid pulse and high temperature should suggest the same examination. Delirium tremens or great depression, melancholy, change of face, insomnia, stupor, and other symptoms point to inflammation of the lungs, as both a primary and secondary cause. Complications with malaria, cirrhosis of the liver, abscess in both the liver and lungs, or gangrene, are all factors to be considered in cerebral pneumonia. If the case appears as one of delirium tremens, the question of alcohol in the treatment will be prominent. How far it can be given, and how far it will aggravate or relieve conditions of disease present, are most important problems to be settled from the symptoms of each case.—[*Quarterly Journal of Inebriety.*

ANTIFEBRIN IN FEBRILE AND NON-FEBRILE DISEASES.

The correspondent of the *British Medical Journal* writes that antifebrin is at present being extensively tried in Switzerland. At a recent meeting of the Societe Vaudoise de Medecine, Dr. Louis Secretan stated that he had used the new drug in twelve febrile and five non-febrile cases. The best results in lowering the temperature were obtained (*a*) in typhoid cases, the remedy being given in two morning doses of 0.50 to 1.0 gramme, and producing antipyrexial effects equal to four or five grammes of antipyrin; and (*b*) in pulmonary tuberculosis, where the temperature often fell after a single daily dose of 0.50 gramme. The drug proved less satisfactory in acute rheumatism. It had no

effect in two recent cases of rheumatic sciatica. In one-gramme morning doses, however, it completely cured a case of facial neuralgia in two or three days. On the whole, Dr. Secretan found that the antipyretic action of the drug was as sure but not so lasting as that of antipyrin; it also caused more disturbance of the digestive organs than the latter. Moreover, antifebrin gave rise to profuse perspiration of several hours' duration, with a temporary feeling of weakness. In two cases true collapse occurred. Dr. Goetz, of Geneva, gave antifebrin in daily doses of 0.30 to 0.60 gramme (divided into two parts, to be taken at an interval of half an hour) in a considerable number of febrile cases, especially pulmonary phthisis. The results were uniformly excellent; in no case did the drug cause collapse or erythema, or any gastric disturbance. Dr. Goetz lays stress on the fact that it produced very little diaphoresis. He considers antifebrin most valuable in pulmonary affections. Dr Armin Huber has tried the drug in twenty-one cases of typhoid fever, tuberculosis, pneumonia, etc. In all, ninety-five daily doses, varying from 0.1 to 4.5 (mostly from 0.5 to 1.0) grammes, were given. The results were negative on two occasions, and of very slight duration on seven. In the remaining observations, complete defervescence took place an hour after the administration; this effect was particularly lasting in the phthisical cases where a morning dose of 0.5 gramme kept down the temperature for the whole day and night. In the typhoid cases one 0.5 gramme dose lowered the temperature for four or five hours, and one of 1 gramme for six or seven hours. The temperature usually rose again by degrees, but sometimes, especially after large doses, pyrexia came on suddenly, accompanied by rigors. Rigors occurred in twenty out of ninety-five cases, whilst after antipyrin they are observed only in one-half per cent., and after thallin in twelve per cent. Dr. Huber states that the administration of doses of 0.5 gramme, or more, of antifebrin is almost invariably followed by very profuse perspiration. He also saw a condition resembling collapse in a patient from an hour to an hour and a half after taking antifebrin. In one case the drug caused a papular eruption, principally on the face, forearms, and hands. In Dr. Huber's experience it did not produce sickness. Antifebrin is remarkably cheap, being only about 1½d. a gramme.

SURGICAL NOTES FROM HAMBURG.

Dr. J. Molloy contributes to the *Lancet-Clinic* some interesting notes on the surgical methods which obtain in the largest hospital in Germany, "Das Algemeine Krankenhaus," Hamburg. 16,522 patients were received in this hospital in 1886, the average daily number in the wards was 2,052. Dr. Max Schede is surgeon-in-chief.

"The results obtained here are excellent; the most stringent antiseptic precautions are observed to the minutest detail, and the beautiful condition of the wounds speaks well for their thoroughness. Though I have been in the wards of the hospital almost every day for three months, I have not in a single instance seen an attempt at primary union fail, and in many instances, too, it is obtained in a manner I believe not practiced by American surgeons.

"In 1885 Schede read a paper before the Congress of German Surgeons, in Berlin, in which he combatted the usual idea that a blood clot in a wound acts as a foreign body, favoring suppuration, and maintained that a blood clot, under proper antiseptic precautions, is an excellent organizing and plastic agent, and very materially aids in the healing of large cavities, especially in arthrectomies and those caused by the extensive removal of necrosed bone. The practice based upon this theory, therefore, differs somewhat from usual treatment of wounds. Take, for example, a joint resection I saw yesterday.

"The right ankle joint of a young woman of average physical appearance had undergone suppuration and presented a large

sinus near outer malleolus. The patient being chloroformed (ether is not used as an anæsthetic), an incision was made on dosal aspect of foot parallel and close to the tendon of the tibialis anticus muscle down to the capsule, which was found to be a lage, bulging, fungous mass. It was entirely removed, together with the astragalus, which proved to be also extensively involved. Another semi-circular incision around the outer malleolus over the tendons of perinei muscles was made in order to better remove the diseased structures, and the joint was rid of all diseased tissue, the edges of the original fistulous opening freshened, a few vessels ligated, all the wounds entirely closed with cat-gut, except a small opening left at the site of the original sore, over which a piece of antiseptic protective silk was applied. The foot was then dressed in the usual way, with gauze, antiseptic moss cushions, etc., and finally a tin splint reaching to the thigh, with foot piece applied and secured by bandages, the Esmarch bandage not being removed from the thigh till after the limb was dressed; during the operation a pretty continuous irrigation was kept up with a corrosive solution 1-100.

"It will be seen that no drains were used and that the filling of the wound with a blood clot favored by the late removal of the Esmarch. A small opening is always left in the wound to allow the escape of a superfluous amount of blood, and the protective silk prevents evaporation and drying of the clot. The process is termed by Schede, "*Heiling unter dem feuchten Blutschorf*," "repair by means of a moist blood coagulum." I have seen a large number of joint resections and other wounds which have been treated in this way with most admirable results, knee joint resections in five to seven weeks being entirely healed, and lesser wounds in a correspondingly shorter time. Bone sutures are not usually employed.

"The treatment of compound fractures also presents some novel features. The wound or wounds are laid freely open, irrigated thoroughly with corros. sublimat. sol. 1-1000, all loose splinters of bone removed, fracture reduced, and fixation of the fragments secured by means of a little device of Dr. Hansmann, the first assistant surgeon. It consists of a little metal plate, about half an inch wide and as long as is necessary, perforated with holes at short distances. It is laid upon the periosteum, a screw inserted through one of the holes into the bone on each side of the point of fracture. Two of these little splints are usually employed in a fracture of a large bone, after which the immobility of the limb is secured in the usual way by splints; the wound being left open and treated antiseptically. The metal plate has the advantage over bone sutures in being much more easy and simple in its application as well as removal, and it secures and maintains the approximation and fixation of the fragments just as firmly.

"Suppurating glands, or those threatening to do so, are removed by the knife, the wound packed with iodoform gauze and left to close by granulation, or, perhaps, after the lapse of a few days, when healthy granulations have formed, secondary sutures applied. This practice is followed with reference to gland suppurations of whatever origin; venereal, tuberculous, scrofulous, etc. The treatment of hemorrhoids consists in securing them with a clamp and burning them off with actual cautery. The sphincter ani is then stretched, unless the hemorrhoids have been high up, and a rectal tube of ordinary rubber wrapped with iodoform gauze inserted. Phlegmons and abscesses are laid freely open, all unhealthy tissues removed, the cavity scraped with a Hebra's scoop, packed with gauze, and left to close by granulation.

"In the year 1886 there were 219 tracheotomies done in the hospital, of which number 151 died, making a mortality rate of about 69 per cent. In January and February of this year there were 48 tracheotomies done for diphtheria, of which number

34 died, a mortality rate of about 70 per cent; but it should be mentioned that the endemic of diphtheria, which at present prevails here, is of a very severe type. The after treatment of tracheotomies consists in keeping the atmosphere of the room saturated with salicylic acid spray, produced by steam atomizers. Intubation of the larynx, after O'Dwyer, has not been done here."

AMERICAN PUBLIC HEALTH ASSOCIATION.—(PRELIMINARY CIRCULAR).

The Fifteenth Annual Meeting of the American Public Health Association will be held at Memphis, Tenn., November 8–11, 1887.

The Executive Committee have selected the following topics for consideration at said meeting:

I. The Pollution of Water-Supplies.

II. The Disposal of Refuse Matter of Cities.

III. The Disposal of Refuse Matter of Villages, Summer Resorts, and Isolated Tenements.

IV. Animal Diseases Dangerous to Man.

These topics are exceedingly important, and apply to every section of the United States and the Provinces. Therefore it is hoped that sanitarians and others who have had experience and observation in these matters will give their views to the Association, and through it to the public.

All persons who propose to present papers at the next meeting of the Association will be governed by the following By-Laws of the Executive Committee:

"4. All papers presented to the Association must be either printed, type-written, or in plain handwriting, and be in the hands of the Secretary at least twenty days prior to the annual meeting to insure their critical examination as to their fulfilling the requirements of the Association.

"5. If any paper is too late for critical examination, said paper may be so far passed upon by the Executive Committee as to allow its reading, but such paper shall be subject to publication or non-publication, as the Executive Committee deem expedient.

"6. All papers accepted by the Association, whether read in full, by abstract, by title, or filed, shall be delivered to the Secretary as soon as thus disposed of, as the exclusive property of the Association. Any paper presented to this Association and accepted by it shall be refused publication in the transactions of the Association if it be published in whole or in part by permission or assent of its author in any manner prior to the publication of the volume of transactions, unless written consent is obtained from the Publication Committee.

"6. Day papers shall be limited to twenty minutes, and evening papers to thirty minutes, each."

Invitations extended to individuals to prepare papers for the Association do not imply their acceptance by the committee, merit alone determining that question.

While the above topics have been selected for consideration at the next annual meeting, it does not follow that papers of merit upon other sanitary subjects will be rejected by the Executive Committee.

All communications relating to local matters should be addressed to G. B. Thornton, M.D., chairman local board of health, Memphis, Tenn.

Blank applications for membership can be obtained by addressing the Secretary.

IRVING A. WATSON, Secretary.

CONCORD, N. H.

THE TREATMENT OF SYPHILIS.

At a recent discussion at the Medical Society of London on a paper read by Mr. Milner (*British Medical Journal*) divergent opinions with regard to the treatment of syphilis were expressed, and some valuable and interesting remarks were made by Dr. Lauder Brunton and Dr. Althaus. The effect of mercury in controlling to some extent the secondary manifestations of syphilis is assumed to be due to its properties as a germicide, and the same convenient ex-

planation is given of the undoubtedly beneficial action of iodide of potassium in the later stages. It was pointed out, however, that the effects of iodide of potassium or sodium are due, not to the iodine, but to the salt, which is not a germicide. Further, it was remarked by several speakers that the action of the iodides, while prompt and certain in dissipating the local symptoms which are supposed to belong to the later stages of syphilis, is not permanent. It has, indeed, been generally recognized that the iodides of potassium and sodium are only indicated in the lesions which occur in various tissues from the action of the virus in the past. Dr. Brunton appeared disposed to allow that mercury might owe its effect in syphilis to its action as a germicide, and observed that whatever its influence on the diseased germ, it was detrimental to the tissues. Further, there was a very general expression of opinion that iodide of potassium, like mercury, was not a drug to be trifled with; and the propriety of employing mercury, even in the later stages, found several supporters. Inunction as a method of treatment has become more systematic of late years, especially since pharmaceutical research has placed at our disposal more elegant and convenient preparations for the purpose. Dr. Althaus spoke very highly of the oleate of mercury as a cleanly and readily absorbed preparation, and the peculiar qualities of lanoline as a vehicle for the administration of drugs, and particularly mercury, by the skin, also elicited expressions of approval. For severe cases, the intra-muscular injection of mercury in some form or another, as practiced by Mr. J. Astley Bloxam at the Lock Hospital, is productive of good results, though patients are apt to resent the pain which accompanies its introduction. Each method of mercurial administration possesses certain advantages. A clear and well-defined classification of the indications for each method is still wanting, though Dr. Milner has filled the gap to some extent in the paper referred to.

AN EXPERIMENTAL RESEARCH UPON RABIES.

Dr. Harold C. Ernst, having received two rabbits which had been inoculated in Pasteur's laboratory, undertook to prove experimentally the following propositions:

1. Is there a specific virus in the brains and cords of rabbits inoculated with Pasteur's material and after his methods?

2. Does the treatment by drying, proposed by him, modify the strength of this virus? And, finally,

3. Does injection with such "modified virus" produce an immunity against an inoculation (or bite) with virus of full strength?

His results with the experiments in detail appear in the April number of *The American Journal of the Medical Sciences*. Dr. Ernst began the investigation as a skeptic, but his experiments seem to justify a change from skepticism to a belief in, at least, a portion of Pasteur's assertions.

The conclusions which Ernst draws from his experimental work he summarizes as follow:

1. There exists in the cords and brains of animals inoculated in Pasteur's laboratory *a specific virus*, capable of the production of similar symptoms through a long series of animals.

2. That these symptoms are produced with absolute certainty when the method of inoculation is by trephining the skull, and injection under the dura mater, with less certainty when the inoculation is by subcutaneous injection.

3. That the strength of this virus is lessened when the cords containing it are removed from the animals and placed in a dry atmosphere at an even temperature.

4. That the symptoms produced by the inoculation of this virus only appear after a certain period of incubation, distinctly shorter when the inoculation has been done by trephining than when done by subcutaneous injection.

5. That injections of the virus, modified in strength by drying, and in the manner

prescribed by Pasteur, exert a very marked protective influence against an inoculation with virus of full strength.

6. That a very moderate degree of heat destroys the power of the virus entirely, whilst prolonged freezing does not injure it.

As will be seen, all of these conclusions are in complete accord with the declarations of Pasteur; their importance lies in the fact that they were reached at a distance from him, and by work entirely separated from any personal influence or bias.

GASTRIC DISEASES AND HYDROCHLORIC ACID.

Prof. Franz Riegel (*Deut. Med. Woch.*, *Lond. M. Rec.*), says that, instead of the secretion (particularly of hydrochloric acid) being reduced in the majority of cases of chronic dyspepsia, it is actually increased. He recommends the use of congo paper, by means of which 0.0019 per cent. of free acid can be easily detected. A drop of the contents of the stomach placed on this paper turns it blue if acid is present, the more the acid the deeper the blue; if very little or no acid is present the paper keeps its red color. If there be a very perceptible reaction the presence of hydrochloric acid may be assumed, since, even when greatly diluted, it produces a deep blue color, while lactic acid (under one per cent.) causes a far less intense change of color. Upwards of 1000 specimens of gastric juice were examined, and in every case in which it clearly colored the paper, the filtered liquid digested albumen well, thus bearing out the writer's opinion that there is scarcely ever a lack of pepsin when there is a sufficient quantity of hydrochloric acid. He recommends the use of congo paper (1) as a *diagnostic* criterion to determine whether there is a sufficient hydrochloric acid or not, and (2) particularly as a *therapeutic* criterion to ascertain whether hydrochloric acid should be prescribed. Only when the paper remains red, or becomes very slightly blue should hydrochloric acid be ordered, but then in much larger doses than are generally given; never to be taken directly after a meal, but at least one hour after. Should the paper become intensely blue, instead of using hydrochloric acid, prescribe neutralizing remedies, such as bicarb. soda, etc.

ANTIFEBRIN IN THE TREATMENT OF PHTHISIS.

Antifebrin has rapidly gained favor as an antipyretic; in fact, it may be accepted as the safest and most reliable drug with which to reduce temperature in acute febrile diseases. Dr. Charles M. Cauldwell reports (*Medical Record*) his experience with antifebrin in thirty cases of phthisis, in whom persistent fever or chills and fever had been prominent symptoms. His results were unexpectedly satisfactory. His cases differed widely in age, habits, and social position; some were private patients, others were hospital inmates. The sexes were about equally represented. He divides his patients into three classes, as follows: Nine with slight or moderate consolidation in *one* lung only; eleven with considerable patches of consolidation, with or without spots of softening; ten cases were pitiable examples of the cavernous stage, both lungs being extensively diseased.

In cases of the first class (those having moderate consolidation in one lung only) antifebrin immediately produced marked improvement. The temperature became normal, the pulse was less rapid and stronger, the tongue cleared, the appetite improved notably, dyspeptic symptoms disappeared, "chest pains" and nervous sensations ceased to annoy, the secretion of the urine increased, and the patient acted and appeared greatly benefited.

In cases of the second class, including those whose disease had advanced sufficiently to produce either extensive consolidation or spots of softening, antifebrin kept the temperature normal, slowed the pulse, improved digestion and appetite, and diminished restlessness and insomnia. In several of these cases free sweating was produced when this occurred; it was obviated by the

addition of agaricin to the treatment. In two cases blueness of the lips and finger-nails was noticed. This was doubtless due to the antifebrin. The cyanosis was unaccompanied by any discomfort, both patients declaring that they felt "all right" at the time and afterward.

The third class of cases in which antifebrin was tried consisted of patients in whom both lungs were extensively diseased, and from whose general condition it was only too evident that they were soon to journey to "that far country from whose bourne no traveler returns."

Even in such advanced cases the drug afforded much comfort by controlling the septic chills and fever, and quieting the restlessness. In no case did the remedy fail to check the distressing chills at once. From twenty to thirty grains were given in twenty-four hours in capsules or dissolved in whisky or champagne. After the chills and fever had been controlled for a few days, the doses were reduced one-half, and continued for a variable time before suspending treatment.

It was the rule in all cases to give some form of stimulant with each dose of antifebrin, in order to obviate any depression which might be produced. It is very doubtful if this is necessary, however. Sweating was controlled by one-fifth grain of agaricin.

The drug is apparently an antiseptic. Lepine thinks that its action is due to aniline, which, being set free from the antifebrin, exerts its antiseptic power.

Dr. Caldwell reaches the following conclusions:

1. Antifebrin is the best drug with which to control the chill and fever of phthisis. With it we can at once check these depressing symptoms.

2. It does not produce the unpleasant effects of quinine, salicylic acid, antipyrine, thallin, or resorcin.

3 Chills, collapse, or semi-intoxication are not caused by it.

4. In many cases it induces sweating.

5. It diminishes the frequency of the pulse, and usually strengthens the heart's action.

6. Occasionally it produces cyanosis. This happened but twice in thirty cases.

7. It does not interfere with digestion; but, on the contrary, increases the appetite.

8. Even when the stomach is in an irritable condition it can be retained.

9. It increases the secretion of urine in the majority of instances.

10. It tends to quiet the nervous system, and produces a feeling of "well-being" in the patients.

TREATMENT OF COLDS.

J. H. Whelan, M. D., in an article on the Treatment of Colds (*Practitioner*), says: The formula I invariably use is as follows: R Quininæ sulph. gr. xviij; Liq. arsenicalis m xij; Liq. atropinæ m j; Ex. gentianæ gr. xx; Pulv. gummi acaciæ q. s. ut fiant pilulæ xii. If these pills be commenced in the early stage of a common cold, *i. e.*, when the affection is yet confined to the nose and pharynx, the affection will be nipped in the bud. At starting one pill should be taken every three or four hours, and later on every six. The longest time I have seen a cold last whilst the patient was fairly taking these pills was three days.

PROGNOSIS OF PARALYSIS IN CHILDREN.

The following conclusions as to the prognosis furnished by electric contractibility in paralysis of early life, are given by Dr. E. C. Smith, in *Practice:*

1st. A favorable prognosis may be given, in all cases which respond to the *induced* faradic current without preliminary treatment.

2d. Those cases which respond to the *primary* faradic current without preliminary treatment can be benefited, and perhaps very much.

3d. Those which respond to the *primary* faradic current after preliminary galvanization and strychnine may be improved to a greater or less extent.

4th. Those giving no response to the faradic after such preliminary use of the galvanic current aided by strychnine internally have been unimproved.

The South-Western Medical Gazette.

A Monthly Journal of Medicine and Surgery.

M. F. COOMES, A. M., M. D., }
J. B. MARVIN, B. S., M. D., } . . . EDITORS.

Subscription (in advance) . . . . . $1.00 per annum.
Single copy . . . . . 10 cents.

Communications and correspondence upon subjects of professional interest are solicited.
The editors are not responsible for the views of contributors.

Communications and Books for Review should be addressed to the Editors.
Advertisements, subscriptions, and all business matter to the Publishers, THE BRADLEY & GILBERT CO.,

Vol. I. LOUISVILLE, MAY, 1887. No. 5.

THE DUTIES OF SECRETARIES OF SECTIONS.

In the *Journal of the American Medical Association*, April 16, there is an editorial on the duties of the Secretaries of Sections. The editor calls attention to some defects in the practical working of the Sections of the Association, and chiefly to the fact that the discussions on papers are not fully reported, and as forwarded to the *Journal* office they are usually entirely valueless, and in not a single case in two years have they been at all full. After facetiously criticising the discussions as they have been previously reported to the *Journal*, the duties of Secretaries are defined as follows:

"The position of Secretary of a Section is a purely honorary one, but he who accepts it should feel it a duty to do his work properly and carefully. It is regarded as an honor to be elected to such a position, but it should not be regarded as an honor which entails no duty or work on the recipient. No one should accept the position who is unwilling to do the work devolving upon him. It is entirely useless for a Secretary to report in full the business transactions of his Section to the editor of the *Journal*. This properly belongs to the business of the Association, and as such should be sent to the Permanent Secretary to be incorporated in his report. The *Journal* does not publish separate reports of the Sectional meetings of the Association, and when they come to this office they are only so much waste paper. What is wanted of the Secretaries of Sections is an accurate and full report of the *discussions on papers* read in the Sections, giving simply the name of the author and the title of his paper, and the *date on which* a paper is read, so that it may be published in its proper order."

We must say this is putting a very heavy load on the Secretaries. No one who is not an expert stenographer can possibly report fully and accurately the discussions on papers read in the various Sections. It is true that the labors of the Secretaries would be lightened if those who take part in discussions would write out their remarks before going to the meeting of the Association, but this is not practicable. The editor of the *Journal* suggests a most impracticable method, and one which would involve still greater labor on the part of the Secretaries, viz.: "by having the author of a paper indicate to the Secretary of his Section those who would be likely to take part in the discussion, and have the essential points sent to them before the meeting." Are there no stenographers in Chicago? If the income of the Association is about $20,000 annually, surely the members should demand of the managers of the *Journal* that they employ competent stenographers to report fully and accurately the discussions on papers read in the various Sections.

A WRITER in the *St. Louis Medical and Surgical Journal* says for "black eye" there is nothing to compare with the tincture or strong infusion of *capsicum annuum*, mixed with an equal bulk of mucilage of gum arabic, with the addition of a few drops of glycerine. The mixture should be painted over the bruised surface, a second and third coating being applied as soon as the first dries. If applied immediately after the injury is inflicted, it will almost invariably prevent discoloration of the tissue. The remedy is also of value in rheumatic, sore, or stiff neck.

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THE ANTISEPTIC VALUE OF IODOFORM.

In the March issue of this journal we published an account of the experiments of Drs. Heyn and Rovsing, which threw doubt upon the antiseptic property of iodoform. We notice from the *Lancet* that these experiments have not passed unchallenged. One writer contemptuously dismissed them as untrustworthy; Dr. Friedlander, the editor of the *Fortschritte der Medicin*, which published the original article, defends his contributors, and says he was struck with the thoroughly scientific character and value of the experiments as proving at least that iodoform belongs to a class of antiseptics differing from carbolic acid and corrosive sublimate. That the subject deserves further study he freely admits, and carries this out by inserting in his journal a criticism of the paper by Dr. Poten, of Hanover, who points out that the virtues of iodoform as a dressing depend largely upon the liberation of iodine in contact with the tissues and secretions, and also that owing to its insolubility it is not possible to test its action on pathogenic organisms in the same way as other substances can be tested. He does not endorse the statement that iodoform is dangerous because of its possibly being contaminated with septic material, and considers the united testimony of practical surgeons as to its efficacy to over-ride such rather problematical risks.

Dr. George M. Sternberg has been appointed by President Cleveland to investigate the merits of inoculation for the prevention of yellow fever, as practiced in Mexico and Brazil. Dr. Sternberg is admirably qualified to conduct the investigation.

Twenty advertised cures for the opium habit have been examined by Dr. Davenport, State Analyst of Massachusetts. All but one contained opium; this one was called the "double chloride of gold," but contained no trace of gold.

The Medical Register and the International Medical Congress.—The editors announce that the *Medical Register* will be issued daily during the six days session of the Ninth International Medical Congress. The *Register* will be issued with the usual number of pages, of the same size as at present, and will contain full and accurate reports of the proceedings. The daily edition will be furnished free to subscribers. Non-subscribers can have it mailed to them for fifty cents.

The Nashville Medical News is the title of a new medical journal published semi-monthly at Nashville, Tenn., and edited by Drs. Richard Douglas and John W. McAlister, who will endeavor to make it a representative Southern journal. A special feature will be reports of clinical lectures delivered in the different medical schools in Nashville, with the proceedings of the local medical societies. The journal is gotten up in handsome style and displays evidences of editorial ability. We wish it success.

The Association of Genito-Urinary Surgeons.—The Association of Genito-Urinary Surgeons will hold its first annual meeting at Lakewood, N. J., May 17 and 18. Dr. E. L. Keyes, of New York, is temporary chairman, and Dr. R. W. Taylor, of New York, secretary. The programme includes a large number of interesting papers by the most eminent specialists in this country.

Dr. Willis G. Tucker, analyst of drugs for the New York State Board of Health, in his recent report states that 194 samples were collected and examined; of these 49.2 per cent. were of good quality; they conformed to the requirement of the U. S. Pharmacopœia; 29.2 per cent. were of fair quality, and 19.1 per cent. were of inferior quality, some being entirely fictitious.

The interesting letter from New York by Dr. McMurtry, will repay careful perusal.

THE ASSOCIATION OF MEDICAL EDITORS.

The next meeting of the Medical Editors' Association will be held in Chicago on Monday evening preceding the meeting of the American Medical Association. The president, Dr. Shoemaker, will deliver an address, "Some of the Present Abuses of Medical Literature." It is desirable that all medical editors who can shall attend, as the organization is a permanent one and largely social.

Members of the press who expect to be present should send their names as early as possible to the secretary,

DR. WILLIAM PORTER,
3137 Lucas Ave., St. Louis.

THE AMERICAN SURGICAL ASSOCIATION.

The American Surgical Association will hold its annual meeting in Washington, May 11th to 14th. Dr. Hunter McGuire will preside. The programme announces a large number of papers on interesting topics by able surgeons.

TINCTURE of lobelia inflata is highly recommended by Dr. V. N. Reichard as a local application for indolent sores, chronic erysipelas, and especially in incised wounds. In these cases it acts as an astringent and hæmostatic.

A STATE Board of Health has been organized in Vermont, making twenty-nine States which now have boards of health.

REVIEWS.

TWENTY LECTURES ON THE TREATMENT, MEDICAL AND LEGAL, OF INSANE PATIENTS. By G. FIELDING BLANDFORD, M.D., Oxon., Fellow of the Royal College of Physicians; late Lecturer on Psychological Medicine in the School of St. George Hospital, London. Third edition. Together with Types of Insanity, by ALLEN MCLAIN HAMILTON, M.D., of New York. (Published by William Wood & Co., New York).

His first lecture is devoted to a consideration of the anatomy and physiology of the brain. His next, to the phenomena of the mind, in which is discussed its various phases, its growth and development. After discussing the physiology of the mind, follows the diseased condition, or the pathology of insanity. For study, he divides the pathology of insanity into the excited and depressed. In the former, there being an increase of metamorphosis of tissue, in the latter, a decrease. In this connection he points out the instability of the brain cells as the one common feature of all forms of insanity, and which condition he claims to be due to hereditary weakness. He says this latent tendency may not become manifest, if circumstances befriend it, but their children, under adverse circumstances, fall heir to the disease. He places great stress on preventive measures in those who are predisposed to mental derangements.

In speaking of tuberculosis and insanity, he says he finds them very rarely associated. (His observations have not been corroborated by asylum physicians and pathologists who do post mortem work. For certainly a very large per cent. of the patients dying in asylums, present on post mortem examinations, lesions of tuberculosis. Pathologists are not yet agreed as to the relation of these two diseases.) His consideration of melancholia in all its forms is indeed very instructive. He confines acute insanity to the young, and melancholia to the old. (He draws the line here too sharply, for there are very many exceptions to this rule). In considering masturbation and insanity, he maintains (and very properly) that masturbation is the effect, and not the cause of mental derangement.

Delirium tremens and chronic alcoholism are clearly and comprehensively set forth, and will be read with unusual interest by the general practitioner, who has to do with the commitment of patients to asylums, and who is so often called to testify in court as to the responsibility of such patients. He maintains the use of alcohol is one of the great causes of insanity, on the principle, that the brain is rendered unstable and liable to give off energy on the slightest

provocation. He goes so far as to say, if we could lessen drunkenness we could close some of our asylums; but, as it is, we must enlarge them. He calls attention to the insanity produced by other drugs, which insanity is only temporary, subsiding with the discontinuance of the drug.

Catamenial and uterine insanity are considered. He refers to the displacement of the colon in melancholia, but offers no explanation. (It has been claimed that the region in the posterior lobe of the cerebral hemisphere, presiding over the larger intestines, is very closely connected with the lesion of melancholia; hence the liability of the colon center to become secondarily diseased, and as a result a paresis and sagging down).

Epileptic insanity in all of its forms and its relation to crime is very clearly and practically discussed. Following this he takes up traumatism and mental derangements. This subject is very properly considered, being the basis of so many medico-legal suits.

MORBID APPEARANCES.

He speaks of the difficulty in foretelling the pathological leison, and points out the importance of bringing into requisition the microscope as the only reliable means of arriving at an intelligent conclusion. (Post mortem examinations are not made as often as they should be, and microscopical examinations are seldom resorted to, I am pained to confess). In referring to the engorged brain of a patient dying of acute mania, he asks, is this condition due to a disease of the nerve cells, the congestion being but a consequence, or is the change in the cerebral due to the congestion. He discusses the various minute changes in the nerve cells and the vascular system.

The insane ear (hæmatomata auris), its pathology, cause, and treatment are discussed, and the fact of the occurrence in others than the insane pointed out. He reviews the various classifications of insanity, and then takes up and considers at some length the various causes of insanity. He regards hereditary predisposition as the great cause. The per cent. varying, according to different authors, from ten to ninety. He regards civilization, marriage, celibacy, occupation, and education, etc., as predisposing causes. (This part of the work will be found extremely interesting). He maintains (and justly) that education should broaden and strengthen the mind, thereby preventing insanity, and when the result is to the contrary, the fault lies not in education, but the system.

IS INSANITY ON THE INCREASE?

He declares the increase is more apparent than real, and in support of this view he gives the following reasons:

1st. Many now considered insane and cared for in asylums would formerly have been regarded criminals and committed to State prisons.

2d. Longevity of asylum patients has been much increased by the improvement of asylum buildings and the care of the patients.

3d. The registration law being closer and more comprehensive, many now considered insane would formerly been classed as weak-minded. He claims that the increase is confined to the lower classes, who are disposed to drink and who suffer for the want of proper food. (The slight increase in the upper walks of life is due, we think, to general paralysis). Following this he considers the various exciting causes.

Symptoms.—In this connection he gives a clear and concise definition of the terms hallucinations, delusions, and illusions, and calls attention to their indiscriminate use by writers. A close reader will discern a want of discrimination in several places in his book in his use of illusions and delusions. He discusses the significance of these terms from a clinical point of view. Those symptoms that should direct our attention to suicidal and homicidal melancholia patients are graphically laid down, and will be found of paramount importance to the general practitioner treating patients outside of an asylum wall. He says, de-

lusions of grandeur in patients over fifty (I have seen a number of cases under forty) should lead us to suspect general paralysis. He reminds us that these patients are not suicidal, and are not disposed to be violent toward others, only as a means of escape. The symptoms of this disease are so clearly and forcibly presented that one would hardly be excusable for making a mistake in diagnosis of a well-marked case, after reading this description. He points out the homicidal character of patients with hallucinations of hearing and to their incurability. He argues that delusions are always indicative of insanity, but the converse does not hold true, so he very properly considers the acts of the insane. (A large majority of patients committed to asylums have no well defined systematized delusions, hence the importance of this lecture. And, too, when we remember that what would be considered sanity in one person may constitute insanity in another, we feel like thanking Dr. B—— for his careful presentation of this subject). He claims that oftentimes we would be unable to make a diagnosis were it not for the acts of the insane. He says, a knowledge of the acts does not constitute sanity, for patients often know it is wrong, and do it because it is. In this connection he considers alcoholism from the medico-legal point of view. He asks the question, "Is alcoholism of itself an insane act?" and discusses it pro and con. (There are but few subjects equal in importance to this to the general practitioner). He discusses next suicidal and homicidal melancholia and their relation to crime. (His classification will be found to simplify the subject very much). Under the heading of "Two Extremes of Insanity," he points out the inability to foretell the form of insanity an individual case will assume, and lays stress on the importance of keeping this prominently in mind. In this connection is discussed the propriety of travel, the class of patients that can with safety be taken on a voyage, the kind of a trip best suited to each individual case, and lastly, the proper person that should accompany the patient as a companion.

TREATMENT OF MELANCHOLIA.

He regards three things important in the treatment of every case.

1st. Procuring sleep.

2d. Administration of sufficient food.

3d. The regulation of the bowels.

He considers the various hypnotics and gives chloral the first place as a sleep producing agent. He restricts its use to a certain class of patients and uses it in the smallest possible dose. He claims no curative effect from it, only so far as it gives nature an opportunity to restore the diseased organ. He does not give opium for its hypnotic effect, but as a cordial or stimulant. He regards the liq. morphi bimecomate preferable to all other preparations. He lays particular stress on frequent feeding of these patients, and advises the richest and most digestible food possible. He recommends the use of light wines with the meal. He discusses the moral treatment of this class of patients. Acute dementia, its cause, pathology, diagnosis, and treatment is next discussed, and then acute delirious mania, and acute mania. His consideration of acute mania and its treatment will be of infinite value to the general practitioner, as he devotes a goodly part of it to the care and treatment of such patients prior to their commitment to an asylum. He claims rest and sleep to be the best means of restoration; he is a firm believer in the use of chloral in these acute cases. He maintains that the moral treatment of this class of patients is valuable, but not to the same degree as in chronic mania. He calls attention to the salutary effect of change from one asylum to another in some of these cases. He directs attention to the danger of carrying the acute delirious maniac during the acute attack immediately to an asylum, claiming it best to keep such patients at home until the acute stage has subsided, which it does in a few days. His lectures on general paralysis are the most

clear and comprehensive rendition of the subject we have ever read. This class of patients, in the first stage, constitute a large per cent. of the so-called doubtful insanity. He divides the disease into three stages, and describes the symptoms of each. He shows the marked mental weakness from its very onset; he calls attention to complete alienation from one's former self. He says, these patients differ from other patients, in that their delusions change from day to day. He lays great stress on the impediment of speech, or stutter, the contracted and irresponsive pupil in making the diagnosis. In speaking of the epileptoid attack, which occurs late in the course of the disease, he calls attention to the fact that it may be one of the first symptoms. (I have now under my observation a patient with that history). He marks it as an incurable disease; he says some patients improve, and at times are thought to be restored, and are permitted to go home, but only to be worsted by the experiment. He says the disease is confined to the male and women engaged in masculine occupations, and it may terminate in a few weeks or assume a chronic form and last for years. Grinding of the teeth is regarded as one of the most common symptoms of the last stages of the disease. The disease is most common in middle life and in the robust, and does not complicate other forms of insanity. He regards sexual excess as the great cause of the disease. (I don't think he is sustained in this extreme view; I am quite sure he has mistaken the effect for the cause; it is well known that sexual excess is one of the first symptoms in many cases. The negro indulges his passions more than any other class of patients we are called on to deal with, yet the disease is strikingly rare in him). He points out the importance of frequent examinations during the first stage of the disease before giving an opinion. His treatment of the disease is clear and practical. He says, the longevity of the patient is increased by home treatment, provided the patient has sufficient means to procure all needed attention, but if he is not so circumstanced the asylum is a boon for him. Life is prolonged by mental inactivity; the patient should not engage in business, etc.

The next lecture is devoted to a class of patients whose insanity is doubted, in which is included monomania, moral insanity, and impulsive insanity. His consideration of insanity without delusions is a reasonable and clear presentation of the subject. When discussing impulsive insanity, he says: Impulsive acts not infrequently manifest themselves along the course of mild forms of insanity, but in such patients we often find a distant hereditary history and other insane acts. He calls particular attention to the importance of a thorough and frequent examination in all such cases, and, too, to a study of the case, when he (the patient) does not know he is observed. He contends that it is inconsistent, from a pathological point of view, to recognize such a sudden and violent manifestation of nerve force from a healthy brain. Following this lecture he discusses the weak-minded element of the population, from a medico-legal point of view, and then takes up the termination of insanity, which is one of the most interesting subjects in the book. His next lecture is "General Remarks on Treatment." In this connection he discusses home treatment, the proper step to be taken to place patients in asylums or under legal restraint, and then the treatment after the patient has been placed in the asylum. The various methods of feeding patients is properly discussed. He alludes to the popular notion, that placing a patient in an asylum will "drive him crazy," and points out its fallacy. He refers to the evil effect of discussing, in the patient's hearing, his peculiar delusion. His discussion of feigned insanity will carry conviction with it. He alludes to the tendency of such patients to overdo the thing on first meeting a stranger or medical examiner; while the insane, as a rule, by an effort, appears less "mad," but gradually grows worse after talking a short

time. He points out the many difficulties surrounding us in making a diagnosis, and discusses the best methods at arriving at a correct conclusion. He denounces the idea of a patient being oblivious to all the circumstances pertaining to an act (when there is a motive for so doing) and rational on all other subjects. His last lecture is devoted to the consideration of the best methods of examining patients, and is but the fruit of his long clinical experience. It will be found invaluable to all physicians, especially the young.

The last five chapters of the book are written by Dr. Allen McLain Hamilton, of New York, a most competent and careful observer, in which he considers the general appearance of the insane, condition of special organs, condition of bodily functions, handwriting of the various types of insanity, their dress and habits, and lastly, a resume of the commitment laws of the various States and of Canada.

Dr. Blandford has not attempted to give an exhaustive treatise on the subject, but only a digest of his observations and clinical experience.

We know of no book, however, which treats of so many subjects every physician should become familiar with. We take pleasure in recommending the book.

W. C. D.

ANCHORAGE, KY.

A COMPEND OF SURGERY FOR STUDENTS AND PHYSICIANS. By ORVILLE HORWITZ, B.S., M.D., Demonstrator of Anatomy in Jefferson Medical College; Chief of the out-door Surgical Department of Jefferson Medical College Hospital, and late resident Surgeon of the Pennsylvania Hospital. Philadelphia: P. Blakiston, Son & Co.

This, one of a series of compends for student's use in the quiz class and when preparing for examinations, is so extended and improved in the present (third) edition as to in some measure serve the busy physician, who, for want of time, can not consult the standard works on surgery. While we do not advocate—in a general way—the use of compends as tending to contract knowledge, which should be broad and comprehensive, yet there can be no doubt such works fill a want and are often very convenient. Much has been added in the present edition, and to the student reviewing for final examination, the little work will save much labor.

A. M. C.

HAND-BOOK OF MATERIA MEDICA, PHARMACY, AND THERAPEUTICS, including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Extemporaneous Pharmacy, and Minute Directions for Prescription Writing. By SAMUEL O. L. POTTER, M.A., M.D., Professor of Theory and Practice of Medicine in the Cooper Medical College of San Francisco, etc. Cloth; pages 828; price, $3. Philadelphia: P. Blakiston, Son & Co., 1887.

This volume is one of a "New series of manuals for medical students." It is an excellent book, well worthy of a place in the physician's library. Dr. Potter is well and favorably known from his three manuals in the "Quiz Compend" series for students. This book has, in a measure, grown out of these less pretentious volumes. While the book is essentially a compilation, the arrangement is in some respects unique, and the author contributes much original matter derived from his professional experience. The author's intention has been to embrace in a single volume the essentials of practical meteria medica and therapeutics, treating each subject concisely, but clearly. Minute and definite directions for framing prescriptions are given; also such information on pharmacy as every physician should possess. Part I. treats of materia medica and therapeutics according to a modified alphabetical plan. Part II. deals with pharmacy and prescription writing. Part III. treats of special therapeutics elaborately in the form of an alphabetically arranged index to the treatment of diseases. The appendix contains numerous tables, Latin terms and phrases, formulæ for hypodermic use, metric equivalents, specific gravities and volumes, obstetric memoranda, also notes on temperature in disease, the treatment of poisoning, the examination of urine, etc. The index is very full and well arranged.

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BOOKS AND PAMPHLETS RECEIVED.

A Text-Book of Pathological Anatomy and Pathogenesis. By Ernest Zeigler. Translated and edited for English students by Donald Macalister, M.A., M.D. Three parts complete in one volume. Profusely illustrated. Pages 1118. Cloth, $5.50. New York: William Wood & Co., 1887.

A Compendium to the United States Pharmacopœa. By Oscar Oldberg, Phar. D., and Otto A. Wall, M. D., Ph.G. Second revised edition, with over 650 original illustrations. New York: William Wood & Co., 1887.

Drug Eruptions—A Clinical Study of the Irritant effects of Drugs upon the Skin. By Prince A. Morrow, A.M., M.D. One chromo-lithographed plate, 204 pages; cloth, price $1.75. New York: William Wood & Co., 1887.

Annual Address delivered before the American Academy of Medicine, at Pittsburgh, Pa., October 12, 1886. By R. S. Sutton, A. M., M.D., of Pittsburgh, Pa., President of the Academy. Reprint.

The Bursa Pharyngea and its Relation to Naso-Pharyngeal Diseases. By Ethelbert Carroll Morgan, A.B., M.D., Vice-President American Laryngological Association, Professor of Laryngology Medical Department, University, Georgetown; Vice-President Medical Society, District of Columbia, etc., Washinton, D. C.

The Doctorate Address, delivered at the Semi-Centennial Anniversary of the University, Medical Department, March 2, 1887. By David W. Yandell, M. D. Reprint.

TREATMENT OF FIBROID TUMORS OF THE UTERUS BY ELECTROLYSIS.

Dr. Franklin H. Martin, of Chicago, contributes to the *Journal of the American Medical Association* an interesting paper on the "Treatment of Fibroid Tumors of the Uterus by Electrolysis, with a description of Apostoli's Method." He reaches the following conclusions:

1. A means of generating a continuous current of electricity which can be increased per 10 to 1,000 milliamperes in strength, is necessary in order to obtain all the benefits of this treatment.

2. Hemorrhages from hemorhagic fibroid tumors can be cured by the local coagulating effect of the positive pole applied inter-uterine.

3. The inter-uterine electrode, when positive, should be of unattackable metal, conforming as nearly as possible to the size and shape of the uterine canal and having the vaginal portion insulated.

4. When the cervical canal can not be entered a negative galvano puncture should be made into the presenting part of the obstructing mass of the tumor and an artificial canal, which is to take the place of impenetrable uterine canal, in all subsequent treatments be formed.

5. The intra-uterine electrode should in all cases be negative, unless there is hemorrhage or excessive leucorrhœa, when the positive pole is always required. The same patient may, however, present successive symptoms demanding the use of each pole.

6. The strength of the current should be the strongest possible consistent with the desired therapeutic effect and the endurance of the patient.

7. Cases of intolerance of high doses arrange themselves under the three following heads: 1. Hysteria. 2. Enteritis. 3. Acute nephritis, peri-or-parametritis; the most tolerant being the deep uterine and profusely hemorrhagic.

8. The duration of the operation should be from eight to ten minutes, according to the toleration of the patient.

9. The number of operations is necessarily dependant upon and influenced by the result to be accomplished. A severe hemorrhage can be checked in from four to five seances, while a general reduction of the tumor necessitates many operations, varied, of course, according to size and location. In many cases simply a restoration to health and a relief from the prominent and annoying symptoms must be accepted as a substitute for an actual cure.

10. The time of commencing the treatment matters but little if the tumor is not rapidly growing, and no excessive hemorrhage is present. The operation should be inter-menstrual, if possible, but if hemorrhage is continuous, operate during the flow. The seances should occur two or three times a week if compatible with the endurance of the patient, and should be as regular as possible.

11. Extra-uterine puncture should be regarded only as a last resort, but every means of reaching the tumor through the uterus being impracticable, seek, if possible, to make the operation extra-peritoneal, should this in turn prove equally unadvisable, use as a final alternative the abdominal puncture.

12. Strictest cleanliness and thorough antiseptic precautions are absolutely demanded in operations connected with this treatment.

READING NOTICES.

McMICHAEL, "The Hatter," is the arbiter of fashion.

THOSE who have used Scheffer's line of Pepsins, are unwilling to give preference to any other.

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PHYSICIANS who desire a pure article of good old-fashioned sour-mash whisky, can get it by sending to H. McKenna. Comment upon this brand of whisky is unnecessary, as it has no superior.

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WE would call the special attention of readers to advertisement of the Crab Orchard Water Co., which appears in this issue. The Crab Orchard Waters and Salts are among the most valuable therapeutic agents at the command of the doctor.

CENTRAL KENTUCKY LUNATIC ASYLUM, ANCHORAGE, KENTUCKY, December 4, 1886. We take pleasure in stating that as the Assistant Physicians in this institution, we have used Dr. Barnum's Granules, and have found them *reliable*.

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S. H. BLAKELY, M.D.
Severance, Kansas.

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CHICAGO, ILL., June 15, 1886. *Messrs. Arthur Peter & Co.*, DEAR SIRS: Your "Syrupus Roborans" is an excellent tonic, and assimilates nutrition very rapidly. Being a perfect solution of the Hypophosphites and Strychnia, must necessarily commend it to the medical profession as equal, if not superior, to any compound of the kind in the drug market. I have tried it in some cases of Phthisis Pulmonalis and Chronic Anæmia with the most gratifying results. As a reconstructing agent it must become a prominent stable preparation and a boon to all who are emaciated and enfeebled from the effect of chronic diseases of the blood and nervous system. Thanking you for samples, I am, very respectfully,

T. J. REID.

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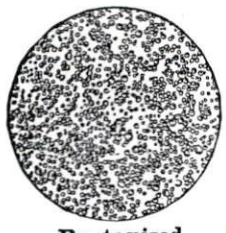
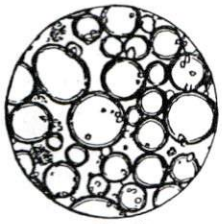
THE FINEST DIVISION OF OIL GLOBULES REACHED IN ANY EMULSION OR PREPARATION OF COD LIVER OIL.

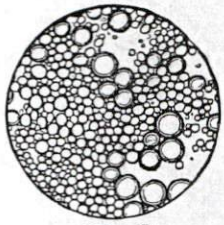


Peptonized Cod Liver Oil and Milk
200 Diameters.

Cow's Milk.
200 Diameters.



*** No. 1.**
200 Diameters.



*** No. 2.**
200 Diameters.

All preparations of Cod Liver Oil but the plain, in the market are Emulsions in some form, regardless of the names given them. *Their value and easy digestibility over the plain Oil must consist in the division of the oil globules.* Any physician who has a microscope of any power can compare COD LIVER OIL AND MILK with the various preparations of COD LIVER OIL, and he will find that the oil globules of COD LIVER OIL AND MILK are from 10 to 100 times finer than any preparation of Cod Liver Oil in the market, and 25 per cent. finer than the nature's Emulsion, milk. This should be the guide in the use of Cod Liver Oil with every practitioner.

Messrs. REED & CARNRICK, New York City.—Dear Sirs: I have examined your PEPTONIZED COD LIVER OIL AND MILK microscopically, with the following results:

This preparation shows extremely minute oil globules suspended in a clear solution. The mean diameter of these globules is rather less than 0.003 m. m. (about 1-8000 inch), and the largest are not over 0.006 m. m. (1-4000 inch). For comparison, it may be stated that their average diameter is from one-third to one-half that of the red blood corpuscles. *These photomicrographs show their size as compared to milk, and Emulsions of cod liver oil in the market. They have all been photographed under exactly the same conditions. In some of the specimens the globules, when spread out in a very thin layer, gather in clusters, giving an uneven field, but not affecting their size.*

Very truly, yours,
JAMES R. DUGGAN, M. D., PH D.
Fellow in the Johns Hopkins University, Sec'y Baltimore Micros'l Society.

Feb. 26, 1885.

ANALYSIS OF PEPTONIZED COD LIVER OIL AND MILK, by Prof. ATTFIELD, PH. D., F.C.S., Etc., author of a Manual of General Medicine and Pharmaceutical Chemistry.

I have analyzed PEPTONIZED COD LIVER OIL AND MILK, and find that it is exactly what the makers state it to be. The sample submitted to me has all the properties of a specimen prepared by myself excep that their machinery has produced a more perfect emulsion than my hand labor can effect. Indeed find by aid of the microscope, that as regards perfection of emulsion—that is, admixture of a fatty with a non-fatty fluid—the oil in PEPTONIZED COD LIVER OIL AND MILK is in a finer state of division than the butter is in ordinary milk. (Signed) JOHN ATTFIELD.

Peptonized Cod Liver Oil and Milk is also combined with Hypophosphites of Lime and Soda.

* Of the preparations of Oil on the market No. 1 contained the largest and No. 2 the smallest oil globules next to Peptonized Cod Liver Oil and Milk, in comparison with all the other preparations of Cod Livar Oil in the market.

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Parties writing to the above house, please menion this Journal. **6 Harrison Street, NEW YORK.**

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"Young's Chair has combined in it all the best ideas and devices, all the essential conveniences of all the Chairs that have preceded it, and goes beyond them all in ease and rapidity of action and grace of combination. No little kink has been overlooked in its construction—from the automatic elevation of the seat and leg rest to a level with the arms, and a proper height for an operating table while the back is lowered to the same plane—from dropping the seat and leg rest softly from the patient, leaving her in the dorsal position before she knows it, to the instant and simultaneous elevation of both feet and the hips to the desired position—from the comfortable head-rest so easily adjusted to the foot-rest so quickly turned out of the way or dropped into place; from the drop-leaf or side-table, and cuspador, used on either side, to the elegant arrangement for the knee elbow or knee chest positions, altogether making it the most perfect. At the same time it is the handsomest Chair before the profession—one that no sensitive woman will shrink from; one which I would not exchange for any other."

It stands without a rival, and is the only Chair in which all other positions are secured after the patient is seated, and avoids all lifting and handling of the patient. With it over seventy-five separate and distinct positions, besides numerous variations and combinations, are secured with the greatest facility.

"There never has been anything invented that facilitated getting a patient into and out of the latero-abdominal positions, either right or left, as this Chair does."—[Simms.

It is operated on the principle of leverage, is rapid and noiseless, and one turn of a hand-screw locks it all firmly at any position desired.

The extensive sale of this Chair throughout the United States and other countries of itself shows its popularity and that its merits are appreciated by the profession at large.

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A trial in certain forms of Indigestion.

It is savory, and causes a free secretion of saliva. The peculiar ferment Ptyalin contained in saliva mixes with starchy and albuminous foods and converts them into soluble sugar, which is readily assimilated. By promoting digestion and neutralizing the acids of the stomach it often relieves pregnant sick stomach when all medicines fail. Last, but not least, you can often persuade tobacco chewers to quit and use this innocent gum as a substitute.

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Trommer's Extract of Malt.

[Other grains, such as wheat, oats, rye, and even Indian corn, may be malted, but experience has shown that barley is the grain best adapted to this process. IT YIELDS THE LARGEST QUANTITY OF DIASTASE.]—*Miller's Elements of Chemistry*, Part III., p. 123.

[Any of the cereals may be employed in the preparation of malt, but BARLEY IS PREFERRED for this purpose, because experience has demonstrated that it YIELDS THE GREATEST PERCENTAGE OF DIASTASE.] —MUSPRATT, *Theoretical, Practical, and Analytical Chemistry*, Art. Alcohol, Vol. I., p. 140.

[In the manufacture of malt, those grains only are used to which, during germination, diastase is developed, and among these BARLEY TAKES THE FIRST RANK.]—*Bersch. Chemie fur Praktiker*, Part II., p. 12.

[The proper medicinal value of malt extracts must be held to depend on the AMOUNT OF DIASTASE which they contain. . . . In malted barley we have at command an unlimited supply of diastasic power.] —WM. ROBERTS, M.D., F.R.S., Prof. Clinical Medicine, Owens College.

[Barley also contains a larger proportion than any other cereal of SOLUBLE albuminoids and of soluble phosphates; both these substances, according to LIEBIG and VON BIBRA, preserving a constant relation.]

Having been the first in America to engage in the manufacture of Malt Extract, and the first also, in any country, to employ processes whereby the diastasic properties of freshly malted barley are preserved in stable form and rendered available in therapeutics, we have by long experience overcome all obstacles to the production of diastasic Malt Extract in large quantity. Those prescribing our Extract may rely with confidence on its purity and excellent quality.

Our Extract contains the soluble constituents of the best selected Canada Barley Malt, and Hops, and is richer in diastase and other soluble albuminoids, soluble Phosphates, Maltose, and Dextrin, than preparations made from other cereals. Its superiorty as a digestive agent and easy assimilable nutrient has been demonstrated by exhaustive chemical analysis, and by abundant clinical experience.

No preparation of malt of this class has been so long and so extensively employed as a medicinal food, being most highly esteemed by those who have had most experience in its use.

Its high nutritive value, blandness, and acceptableness to the stomach, render it an invaluable remedy for the restoration of feeble and exhausted constitutions, whether occurring in infancy or age.

Besides directly promoting the digestion of both animal food and milk, the ordinary daily dose contains more than sufficient diastase to insure also the digestion of all kinds of starchy food.

Although it has been hitherto chiefly employed in disorders of digestion and assimilation, in chronic wasting diseases, anæmia, and as a restorative during convalescence, more recently it is growing in favor in acute febrile diseases in which, in combination with light farinaceous aliment, it aids digestion and nutrition, allays irritation of the gastric and intestinal mucous membranes, and sustains the strength of the patient.

The hop bitter being objectionable to the sensative palate of most infants and children, and in rare instances, to adults even, we also put up in smaller packages (half size), labelled, "Trommer's Extract of Malt for Infants and Children," a pure extract of malt WITHOUT hops. This preparation, being very pleasant to the taste and of great diastasic activity, is much employed in the preparation of farinaceous food and to sweeten milk fed to children, or given clear during and subsequent to the period of weaning, as a nourishment and to promote the digestion of starchy food.

To those who feel an interest in the subject of thorough comparative analysis of malt extract, and similar preparations, we shall be pleased, on application, to transmit a pamphlet containing one hundred reports of analyses of the malt extract of our manufacture in comparison with other malt preparations. *These relate exclusively to tests made with samples procured in the open markets, from the shelves of druggists, and the stocks of jobbers, in widely separated localities, and under circumstances rendering every species of collusion impossible.*

Among these reports are those by Professors C. F. CHANDLER, of New York; E. S. WOOD and B. F. DAVENPORT, of Boston; J. B. MARVIN, of Louisville; A. B. PRESCOTT, of Ann Arbor; WITTHAUS, of Buffalo; MORLEY, of Cleveland; FRISTOE, of Washington, and many others of the highest standing in the profession. The results stated fully sustain those previously obtained by Professors REDWOOD and RIVERS WILSON, of London, and Dr. FRESENIUS, of Wiesbaden.

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